837 Health Care Claim: Professional

ASC X12N 837 (004010X098A1)

Nebraska Health and Human Services System



DEPARTMENT OF SERVICES . DEPARTMENT OF REGULATION AND LICENSURE . DEPARTMENT OF FINANCE AND SUPPORT

Publication Date: July 31, 2006 Effective Date: October 16, 2003

Nebraska Medicaid Companion Guide Version: 1.04

Preface:

This Companion Guide to the ASC X12N Implementation Guides adopted under HIPAA clarifies and specifies the data content being requested when data is transmitted electronically to Nebraska Medicaid (NE Medicaid). Transmissions based on this Companion Guide, used in tandem with the X12N Implementation Guides, are compliant with both X12 syntax and those guides.

This Companion Guide is intended to convey information that is within the framework of the ASC X12N Implementation Guides adopted for use under HIPAA. The Companion Guide is not intended to convey information that in any way exceeds the requirements or usage of data expressed in the Implementation Guides.

All claims must be submitted in accordance with the regulations contained within the Nebraska Administrative Code (NAC) Title 471, Nebraska Medical Assistance Program and Title 482, Nebraska Managed Care Program.

Introduction:

This Companion Guide contains the format and establishes the data contents of the Health Care Claim Transaction Set (837) for use within the context of an Electronic Data Interchange (EDI) environment. This transaction set can be used to submit health care claim billing information from providers of health care services to Nebraska Medicaid, either directly or via intermediary billers and claims clearinghouses.

This Companion Guide governs electronic billing of professional (practitioner/supplier) services on an ASC X12N 837 – Professional (004010X098A1) transaction. Please refer to 471 NAC 3-001 for the specific services allowed to be billed using this transaction.

Note: Only segments used by NE Medicaid are included in this Companion Guide.

Data usage requirements for Nebraska Medicaid will be identified throughout the Guide by shaded segment and element **Nebraska Medicaid Directives**.

Segment Directives provide usage rules for the entire segment and are displayed at the beginning of the segment following the Usage specification. These segment directives are used in the following circumstances:

- 1. Required Segments No directive.
- 2. Situational segments required based on Implementation Guide Notes will be accompanied by the following directive "Required by NE Medicaid when applicable as specified in the Implementation Guide".
- 3. Situational segments always required by NE Medicaid will be accompanied by the following directive "Required by NE Medicaid".
- 4. Situational segments required by NE Medicaid for a specific reason not described in the Implementation Guide will be accompanied by the following directive "Required by NE Medicaid when {specific instance}".

Element Directives are shown for a specific data element and are used in both required and situational segments for the following circumstances:

- 1. When a specific value is required by NE Medicaid, a Nebraska Medicaid Directive will be included indicating the value to use.
- 2. When a specific qualifier is used by NE Medicaid, a Nebraska Medicaid Directive indicating which qualifiers are used and when they are allowed will be included.
- 3. When a specific qualifier is not allowed by NE Medicaid, a Nebraska Medicaid Directive indicating not allowed will be included.

Transactions containing information not ASC X12N compliant will be rejected and will not enter into the adjudication system. An ASC X12N 997 will be used to convey the rejection and associated reason. Claims containing data designated as "Not Allowed" or failing to include the specific values required will be accepted by NE Medicaid but the claim will be deleted by the adjudication system. The Electronic Claim Activity report will be used to convey the claims deleted and the associated reasons. Segments designated as "Not Used" will not affect adjudication.

Data Submission Criteria

Nebraska Medicaid uses the following separators:

* (asterisk) for element separator ASCII 042
^ (carrot) for sub-element separator ASCII 094
~ (tilde) for Segment terminator ASCII 126
| (vertical bar) for repeat character ASCII 124

This Companion Guide can be found on the State of Nebraska Health and Human Services System Web site at http://www.hhs.state.ne.us/med/medindex.htm

Instructions on Trading Partner Enrollment and Testing requirements are also found on this Web site or by contacting the Medicaid EDI Help Desk at 1-866-498-4357 or 471-9461 (Lincoln Area) or via e-mail at medicaid.edi@hhss.state.ne.us.

Revisions to Companion Guide:

For each version of this Companion Guide a summary of the information changed since the previous version will be located in this section. Actual changes will be incorporated into the new version of the Companion Guide which will be published as a complete document.

Revisions since version 1.03:

- Page 6 Revision: Format Correction
- Page 8 Revision: Transaction Summary Version 1.03 state Loop 2310B Rendering Provider Secondary Identification segment is Not Used. In version 1.04, changed informational page to read Loop ID 2310B Rendering Provider Secondary Identification is Used.
- Page 11 Revision: Format Correction
- Page 27 Revision: Loop ID 2010AA NM108 Billing Provider Code Qualifier removed Nebraska Medicaid Directive statement "Code 'XX' not allowed by NE Medicaid". Version 1.04 is allowing qualifier XX for NPI compliancy.
- Page 30 Revision: Loop ID 2010AA REF Nebraska Medicaid Directive changed to read "Nebraska Medicaid requires
 use of code 1D and the 11-digit Nebraska Medicaid assigned provider number. If Billing Provider NPI is sent in NM109,
 Nebraska Medicaid requires an additional REF segment using either code Employee Identification Number (EI) or Social
 Security Number (SY).
- Page 30 Revision: Loop ID 2010AA REF01 Reference Identification Qualifier removed code "1C" Medicare Provider Number.
- Page 30 Revision: Loop ID 2010AA REF01 Reference Identification Qualifier Nebraska Medicaid Directive has been changed to read "Use code "1D" and the 11-digit NE Medicaid assigned provider number. If sending NPI (XX), use Employee Identification Number (EI) or Social Security Number (SY)."
- Page 79 Revision: Loop ID 2310A REF01 Reference Identification Qualifier Nebraska Medicaid Directive has been corrected to use the qualifier of 0B (zero) instead of OB.
- Page 80 Revision: Loop ID 2310B NM108 Rendering Provider Identification Qualifier Nebraska Medicaid Directive changed to "When using NPI (XX) or Employee Identification Number (24), Nebraska Medicaid requires a REF segment with Social Security Number (SY) as a secondary ID."
- Page 80 Revision: Loop ID 2310B NM108 Rendering Provider Identification Qualifier add code 'XX' for submission by Health Care Financing Administration National Provider Identifier and code '24' Employee Identification Number.
- Page 82 Revision: Loop ID 2310B REF Rendering Provider Secondary Identification added page to Professional Guide.

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Health Care Claim: Professional

Functional Group=HC

This Companion Guide includes a transaction summary followed by the detailed information for each loop and segment. Please pay special attention to shaded Segment Notes and Nebraska Medicaid Directives.

Transaction Summary:

If "NE Medicaid Usage" says: Required Required by Implementation Guide.

Used by NE Medicaid, see specific requirements in Implementation Guide or in NE

Medicaid Directive.

Not Used Not used or retained.

The * in the first column means Not Used.

Not Defined:

<u>Pos</u>	<u>ld</u>	Segment Name	Max Use	Repeat	NE Medicaid Usage
	ISA	Interchange Control Header	1		Required
	GS	Functional Group Header	1		Required

Heading:

) -				
<u>Pos</u>	<u>ld</u>	Segment Name	Max Use	Repeat	NE Medicaid Usage
005	ST	Transaction Set Header	1		Required
010	BHT	Beginning of Hierarchical Transaction	1		Required
015	REF	Transmission Type Identification	1		Required
LOOP ID	- 1000A			<u>1</u>	
020	NM1	Submitter Name	1		Required
045	PER	Submitter EDI Contact Information	2		Required
LOOP ID - 1000B				<u>1</u>	
020	NM1	Receiver Name	1		Required

Detail:

<u>Pos</u>	<u>ld</u>	Segment Name	Max Use	<u>Repeat</u>	NE Medicaid Usage
LOOP ID	LOOP ID - 2000A			<u>>1</u>	
001	HL	Billing/Pay-to Provider Hierarchical Level	1		Required
* 003	PRV	Billing/Pay-to Provider Specialty Information	1	Not Used	
* 010	CUR	Foreign Currency Information	1		Not Used
LOOP ID	- 2010AA			<u>1</u>	
015	NM1	Billing Provider Name	1		Required
025	N3	Billing Provider Address	1		Required
030	N4	Billing Provider City/State/ZIP Code	1		Required
035	REF	Billing Provider Secondary Identification	8		Used

* 035	REF	Credit/Debit Card Billing Information	8		Not Used
040	PER	Billing Provider Contact Information	2		Used
LOOP ID) - 2010AB			1	
* 015	NM1	Pay-to Provider Name	1		Not Used
* 025	N3	Pay-to Provider Address	1		Not Used
* 030	N4	Pay-to Provider City/State/ZIP Code	1		Not Used
* 035	REF	Pay-to-Provider Secondary Identification	5		Not Used
LOOP IE) - 2000B			<u>>1</u>	
001	HL	Subscriber Hierarchical Level	1		Required
005	SBR	Subscriber Information	1		Required
007	PAT	Patient Information	1		Used
) - 2010BA			1	
015	NM1	Subscriber Name	1	_	Required
025	N3	Subscriber Address	1		Used
030	N4	Subscriber City/State/ZIP Code	1		Used
032	DMG	Subscriber Demographic Information	1		Used
* 035	REF	Subscriber Secondary Identification	4		Not Used
* 035	REF	Property and Casualty Claim Number	1		Not Used
LOOP ID) - 2010BB			1	
015	NM1	Payer Name	1		Required
* 025	N3	Payer Address	1		Not Used
* 030	N4	Payer City/State/ZIP Code	1		Not Used
* 035	REF	Payer Secondary Identification	3		Not Used
				_	
) - 2010BC		4	<u>1</u>	N
* 015	NM1	Responsible Party Name	1		Not Used
* 025	N3	Responsible Party Address	1		Not Used
* 030	N4	Responsible Party City/State/ZIP Code	1 		Not Used
LOOP IE) - 2010BD			1	
* 015	NM1	Credit/Debit Card Holder Name	1	_	Not Used
* 035	REF	Credit/Debit Card Information	2		Not Used
	20000				1
) - 2000C	De de la la	4	<u>>1</u>	N. c.i.i.
* 001	HL	Patient Hierarchical Level	1		Not Used
* 007	PAT	Patient Information	1		Not Used
	ID - 2010CA		4	<u>1</u>	N
* 015	NM1	Patient Name	1		Not Used
* 025	N3	Patient Address	1		Not Used
* 030	N4	Patient City/State/ZIP Code	1		Not Used
* 032	DMG	Patient Demographic Information	1		Not Used
* 035	REF	Patient Secondary Identification	5		Not Used
* 035	REF	Property and Casualty Claim Number	1		Not Used
LOOP IE) - 2300			100	
130	CLM	Claim Information	1		Required
135	DTP	Date - Initial Treatment	1		Used

* 135	DTP	Date - Date Last Seen	1	Not Used
135	DTP	Date - Onset of Current Illness/Symptom	1	Used
135	DTP	Date - Acute Manifestation	5	Used
135	DTP	Date - Similar Illness/Symptom Onset	10	Used
135	DTP	Date - Accident	10	Used
* 135	DTP	Date - Last Menstrual Period	1	Not Used
135	DTP	Date - Last X-ray	1	Used
135	DTP	Date - Hearing and Vision Prescription Date	1	Used
* 135	DTP	Date - Disability Begin	5	Not Used
* 135	DTP	Date - Disability End	5	Not Used
* 135	DTP	Date - Last Worked	1	Not Used
* 135	DTP	Date - Authorized Return to Work	1	Not Used
135	DTP	Date - Admission	1	Used
135	DTP	Date - Discharge	1	Used
* 135	DTP	Date - Assumed and	2	Not Used
100	5	Relinquished Care Dates	_	1101 0000
155	PWK	Claim Supplemental Information	10	Used
* 160	CN1	Contract Information	1	Not Used
* 175	AMT	Credit/Debit Card Maximum Amount	1	Not Used
175	AMT	Patient Amount Paid	1	Used
* 175	AMT	Total Purchased Service Amount	1	Not Used
180	REF	Service Authorization Exception Code	1	Used
* 180	REF	Mandatory Medicare (Section 4081) Crossover Indicator	1	Not Used
* 180	REF	Mammography Certification Number	1	Not Used
180	REF	Prior Authorization or Referral Number	2	Used
180	REF	Original Reference Number (ICN/DCN)	1	Used
180	REF	Clinical Laboratory Improvement Amendment (CLIA) Number	3	Used
* 180	REF	Repriced Claim Number	1	Not Used
* 180	REF	Adjusted Repriced Claim Number	1	Not Used
* 180	REF	Investigational Device Exemption Number	1	Not Used
* 180	REF	Claim Identification Number for Clearing Houses and Other Transmission Intermediaries	1	Not Used
* 180	REF	Ambulatory Patient Group (APG)	4	Not Used
180	REF	Medical Record Number	1	Used
* 180	REF	Demonstration Project Identifier	1	Not Used
* 185	K3	File Information	10	Not Used
190	NTE	Claim Note	1	Used
195	CR1	Ambulance Transport Information	1	Used
200	CR2	Spinal Manipulation Service Information	1	Used
220	CRC	Ambulance Certification	3	Used
220	CRC	Patient Condition Information: Vision	3	Used

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* 220	CRC	Homebound Indicator	1		Not Used
220	CRC	EPSDT Referral	1		Used
231	HI	Health Care Diagnosis Code	1		Used
* 241	HCP	Claim Pricing/Repricing	1		Not Used
		Information			
LOOP IE) - <u>2305</u>			<u>6</u>	
* 242	CR7	Home Health Care Plan Information	1		Not Used
* 243	HSD	Health Care Services Delivery	3		Not Used
LOOP IE) - 2310A			<u>2</u>	
250	NM1	Referring Provider Name	1		Used
* 255	PRV	Referring Provider Specialty Information	1		Not Used
271	REF	Referring Provider Secondary Identification	5		Used
LOOP IE) - 2310B			1	
250	NM1	Rendering Provider Name	1		Used
* 255	PRV	Rendering Provider Specialty Information	1		Not Used
271	REF	Rendering Provider Secondary Identification	5		Used
LOOPIE) - 2310C			1	
* 250	NM1	Purchased Service Provider Name	1	<u>.</u>	Not Used
* 271	REF	Purchased Service Provider	5		Not Used
		Secondary Identification			
LOOP IE) - 2310D			<u>1</u>	
250	NM1	Service Facility Location	1		Used
265	N3	Service Facility Location Address	1		Required
270	N4	Service Facility Location City/State/ZIP	1		Required
* 271	REF	Service Facility Location Secondary Identification	5		Not Used
LOODIE	22405			4	
) - 2310E	0 D N	4	<u>1</u>	NI (III I
* 250	NM1	Supervising Provider Name	1		Not Used
* 271	REF	Supervising Provider Secondary Identification	5		Not Used
LOOP IE) - 2320			10	
290	SBR	Other Subscriber Information	1	_	Used
295	CAS	Claim Level Adjustments	5		Used
300	AMT	Coordination of Benefits (COB) Payer Paid Amount	1		Used
300	AMT	Coordination of Benefits (COB) Approved Amount	1		Used
300	AMT	Coordination of Benefits (COB) Allowed Amount	1		Used
300	AMT	Coordination of Benefits (COB) Patient Responsibility Amount	1		Used
300	AMT	Coordination of Benefits (COB) Covered Amount	1		Used
300	AMT	Coordination of Benefits (COB) Discount Amount	1		Used
* 300	AMT	Coordination of Benefits (COB)	1		Not Used
		Per Day Limit Amount			l l

300 AMT Coordination of E Patient Paid Amo	Benefits (COB) 1 Used	
* 300 AMT Coordination of E		I
Tax Amount		
* 300 AMT Coordination of E Total Claim Befo Amount		I
305 DMG Subscriber Demo	ographic 1 Used	
310 OI Other Insurance Information	Coverage 1 Used	
320 MOA Medicare Outpat Adjudication Info		
LOOP ID - 2330A	1	
325 NM1 Other Subscriber	_	
332 N3 Other Subscriber	·	
340 N4 Other Subscriber Code		
355 REF Other Subscriber	er Secondary 3 Used	
LOOP ID - 2330B	1	_
325 NM1 Other Payer Nan	•	l
345 PER Other Payer Con		
350 DTP Claim Adjudication		
-	condary Identifier 2 Used	
* 355 REF Other Payer Prio		ı
or Referral Numb		
or Referral Numb 355 REF Other Payer Clai Indicator	im Adjustment 2 Used	
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Provider Identification

1.000.10	0.400			50
LOOP ID		Opening Line	4	<u>50</u>
365	LX CV4	Service Line	1	Required
370	SV1	Professional Service	1	Required
* 400	SV5	Durable Medical Equipment Service	1	Not Used
420	PWK	DMERC CMN Indicator	1	Not Used
425	CR1	Ambulance Transport Information	1	Used
430	CR2	Spinal Manipulation Service Information	5	Used
* 435	CR3	Durable Medical Equipment Certification	1	Not Used
* 445	CR5	Home Oxygen Therapy Information	1	Not Used
450	CRC	Ambulance Certification	3	Used
* 450	CRC	Hospice Employee Indicator	1	Not Used
* 450	CRC	DMERC Condition Indicator	2	Not Used
455	DTP	Date - Service Date	1	Required
* 455	DTP	Date - Certification Revision Date	1	Not Used
* 455	DTP	Date - Begin Therapy Date	1	Not Used
* 455	DTP	Date - Last Certification Date	1	Not Used
* 455	DTP	Date - Date Last Seen	1	Not Used
* 455	DTP	Date - Test	2	Not Used
* 455	DTP	Date - Oxygen	3	Not Used
		Saturation/Arterial Blood Gas Test		
* 455	DTP	Date - Shipped	1	Not Used
* 455	DTP	Date - Onset of Current Symptom/Illness	1	Not Used
455	DTP	Date - Last X-ray	1	Used
455	DTP	Date - Acute Manifestation	1	Used
455	DTP	Date - Initial Treatment	1	Used
455	DTP	Date - Similar Illness/Symptom Onset	1	Used
* 462	MEA	Test Result	20	Not Used
* 465	CN1	Contract Information	1	Not Used
* 470	REF	Repriced Line Item Reference Number	1	Not Used
* 470	REF	Adjusted Repriced Line Item Reference Number	1	Not Used
470	REF	Prior Authorization or Referral Number	2	Used
470	REF	Line Item Control Number	1	Used
* 470	REF	Mammography Certification Number	1	Not Used
470	REF	Clinical Laboratory Improvement Amendment (CLIA) Identification	1	Used
470	REF	Referring Clinical Laboratory Improvement Amendment (CLIA) Facility Identification	1	Used
* 470	REF	Immunization Batch Number	1	Not Used
* 470	REF	Ambulatory Patient Group (APG)	4	Not Used
470	REF	Oxygen Flow Rate	1	Used
* 470	REF	Universal Product Number (UPN)	1	Not Used

* 475	AMT	Sales Tax Amount	1		Not Used
475	AMT	Approved Amount	1		Used
* 475	AMT	Postage Claimed Amount	1		Not Used
* 480	K3	File Information	10		Not Used
			_		
485	NTE	Line Note	1		Used
488	PS1	Purchased Service Information	1		Used
* 491	HSD	Health Care Services Delivery	1		Not Used
* 492	HCP	Line Pricing/Repricing	1		Not Used
	<u>.</u>	Information			
LOOP I	D - 2410			<u>25</u>	
493	LIN	Drug Identification	1		Used
494	CTP	Drug Pricing	1		Used
* 495	REF	Prescription Number	1		Not Used
733	IXLI	1 rescription Number	'		Not Osed
LOOP I	D - 2420A			1	
* 500	NM1	Rendering Provider Name	1		Not Used
* 505	PRV	Rendering Provider Specialty	1		Not Used
000	1 100	Information	•		1101 0000
* 525	REF	Rendering Provider Secondary	5		Not Used
323	IXLI	Identification	3		Not Osed
		Identification			
LOOP I	D - 2420B			1	
* 500	NM1	Purchased Service Provider	1	_	Not Used
		Name			
* 525	REF	Purchased Service Provider	5		Not Used
0_0		Secondary Identification	· ·		1101 0000
		,			
LOOP I	D - 2420C			<u>1</u>	
* 500	NM1	Service Facility Location	1		Not Used
* 514	N3	Service Facility Location	1		Not Used
		Address			
* 520	N4	Service Facility Location	1		Not Used
		City/State/ZIP			
* 525	REF	Service Facility Location	5		Not Used
		Secondary Identification			
				_	
	D - 2420D			<u>1</u>	
* 500	NM1	Supervising Provider Name	1		Not Used
* 525	REF	Supervising Provider Secondary	5		Not Used
		Identification			
1.000.1	D 0400E				
	D - 2420E			<u>1</u>	
* 500	NM1	Ordering Provider Name	1		Not Used
* 514	N3	Ordering Provider Address	1		Not Used
* 520	N4	Ordering Provider City/State/ZIP	1		Not Used
		Code			
* 525	REF	Ordering Provider Secondary	5		Not Used
		Identification			
* 530	PER	Ordering Provider Contact	1		Not Used
		Information			
1000	D 0100=		-		
	D - 2420F			<u>2</u>	
* 500	NM1	Referring Provider Name	1		Not Used
* 505	PRV	Referring Provider Specialty	1		Not Used
		Information			
* 525	REF	Referring Provider Secondary	5		Not Used
		Identification			
1.005	D 04000				
	D - 2420G			<u>4</u>	
* 500	NM1	Other Payer Prior Authorization	1		Not Used

* 525	REF	or Referral Number Other Payer Prior Authorization or Referral Number	2		Not Used
LOOP II	D - 2430			<u>25</u>	
540	SVD	Line Adjudication Information	1		Used
545	CAS	Line Adjustment	99		Used
550	DTP	Line Adjudication Date	1		Required
LOOP II	D - 2440			<u>5</u>	
* 551	LQ	Form Identification Code	1	_	Not Used
* 552	FRM	Supporting Documentation	99		Not Used
555	SE	Transaction Set Trailer	1		Required

Not Defined:

<u>Pos</u>	<u>ld</u>	Segment Name	Max Use	Repeat	NE Medicaid Usage
	GE	Functional Group Trailer	1		Required
	IEA	Interchange Control Trailer	1		Required

ISA

Interchange Control Header

Loop: N/A

Elements: 16

User Option (Usage): Required

To start and identify an interchange of zero or more functional groups and interchange-related control segments

Nebraska Medicaid Directive:

Refer to Trading Partner Profile and Nebraska Medicaid X12 Submission Requirements Manual documents for additional information. Copies are posted at: http://www.hhs.state.ne.us/med/edindex.htm.

		Element Name Authorization Information Qualifier Description: Code to identify the type of information in the Authorization Information			<u>Type</u> ID	<u>Min/Max</u> 2/2	<u>Usage</u> Required
		Code	Name				
		00	No Authorization Information Present	(No Mea	ningful Info	ormation in I02)	
		03	Additional Data Identification				
ISA02	102	identification o sender or the o	Information Information used for additional Information used for additional Information of the interchange Idata in the interchange; the type of Information Information	M	AN	10/10	Required
ISA03 I03			mation Qualifier Code to identify the type of information Information	M	ID	2/2	Required
		Code	<u>Name</u>				
		00	No Security Information Present (No I	Meaningf	ul Informat	tion in I04)	
		01	Password				
ISA04	104	information about the interchai	mation This is used for identifying the security out the interchange sender or the data nge; the type of information is set by formation Qualifier (I03)	M	AN	10/10	Required
ISA05	105	Description: 0 system/method the sender or r Industry: This	Interchange ID Qualifier Description: Qualifier to designate the system/method of code structure used to designate the sender or receiver ID element being qualified Industry: This ID qualifies the Sender in ISA06. Nebraska Medicaid Directive: Use code identified		ID	2/2	Required
		Code	<u>Name</u>				
		01	Duns (Dun & Bradstreet)				
		14	Duns Plus Suffix				
		20	Health Industry Number (HIN)				
		27	Carrier Identification Number as assig	ned by F	lealth Care	e Financing Adm	inistration (HCFA)
		28	Fiscal Intermediary Identification Num Administration (HCFA)	ber as a	ssigned by	Health Care Fir	nancing
		29	Medicare Provider and Supplier Ident Administration (HCFA)	ification I	Number as	assigned by He	alth Care Financing
		30	U.S. Federal Tax Identification Number	er			
		33	National Association of Insurance Cor	mmissior	ers Comp	any Code (NAIC	3)
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10 4 00	100	ZZ	Mutually Defined		A N I	45/45	Б : 1
ISA06	106	sender for othe route data to the value in the se Nebraska Med	dentification code published by the er parties to use as the receiver ID to nem; the sender always codes this under ID element dicaid Directive: This value cannot be	M	AN	15/15	Required
10 4 0 7	IOE		Identified on Trading Partner Profile.	N 4	ID	2/2	Doguirod
ISA07	105	system/method the sender or r Industry: This	Qualifier to designate the d of code structure used to designate receiver ID element being qualified a ID qualifies the Receiver in ISA08. dicaid Directive: Use code identified	M	ID	2/2	Required
		<u>Code</u>	<u>Name</u>				
		01	Duns (Dun & Bradstreet)				
		14	Duns Plus Suffix				
		20	Health Industry Number (HIN)				
		27	Carrier Identification Number as assignment	anod by L	loolth Caro	Einancing Ada	ninistration (HCEA)
		28	Fiscal Intermediary Identification Nur Administration (HCFA)			-	•
		29	Medicare Provider and Supplier Iden Administration (HCFA)	tification N	Number as	assigned by He	ealth Care Financing
		30	U.S. Federal Tax Identification Numb	er			
		33	National Association of Insurance Co	mmission	ers Compa	ny Code (NAIC	C)
		ZZ	Mutually Defined		·		•
ISA08	107	Interchange R Description: I receiver of the sender as their sending to the route data to the	Receiver ID dentification code published by the data; When sending, it is used by the r sending ID, thus other parties m will use this as a receiving ID to	M	AN	15/15	Required
ISA09	108	Interchange D	Date	М	DT	6/6	Required
.0			Date of the interchange	•••		0, 0	
			time format is HHMM.				
ISA10	109	Interchange T		М	TM	4/4	Required
10,110	100		Fime of the interchange	•••		7/7	rtoquirou
		Industry: The	time format is HHMM.				
ISA11	I10	Description: (responsible for	Control Standards Identifier Code to identify the agency r the control standard used by the is enclosed by the interchange header	М	ID	1/1	Required
		All valid stand	dard codes are used.				
ISA12	l11	Description: (the interchange	Control Version Number Code specifying the version number of e control segments dicaid Directive: Use "00401".	M	ID	5/5	Required
		<u>Code</u> 00401	Name Draft Standards for Trial Use Approve	ed for Pul	olication by	ASC X12 Proc	edures Review
10 4 4 0	14.0	Internal	Board through October 1997	N 4	NO	0/0	Demotre
ISA13	l12	Description: A interchange se Industry: The	Control Number A control number assigned by the ender Interchange Control Number, ISA13, cal to the associated Interchange	M	N0	9/9	Required
ISA14	l13		nent Requested	M	ID	1/1	Required
		Description: (Code sent by the sender to request an				

interchange acknowledgment (TA1) Industry: See Section A.1.5.1 for interchange acknowledgment information. All valid standard codes are used. ISA15 114 ID **Usage Indicator** М 1/1 Required **Description:** Code to indicate whether data enclosed by this interchange envelope is test, production or information <u>Code</u> Name Ρ **Production Data** Т Test Data **Component Element Separator** ISA16 115 Μ 1/1 Required **Description:** Type is not applicable; the component element separator is a delimiter and not a data element; this field provides the delimiter used to separate component data elements within a composite data structure; this value must be different than the data element separator and the segment

terminator

GS Functional Group Header

Loop: N/A

Elements: 8

User Option (Usage): Required

To indicate the beginning of a functional group and to provide control information

Nebraska Medicaid Directive:

Refer to Trading Partner Profile and Nebraska Medicaid X12 Submission Requirements Manual documents for additional information. Copies are posted at: http://www.hhs.state.ne.us/med/edindex.htm.

Ref	<u>ld</u>	Element Na	<u>me</u>	Req	Type	Min/Max	<u>Usage</u>
GS01	479	Description related trans	Identifier Code 1: Code identifying a group of application saction sets Identified Directive: Use "HC".	M ID		ID 2/2	Required
		<u>Code</u> HC	Name Health Care Claim (837)				
GS02	142	Application Description transmission Industry: U the informat Nebraska N	Sender's Code : Code identifying party sending n; codes agreed to by trading partners se this code to identify the unit sending	M	AN	2/15	Required
GS03	124	Description transmission Industry: <i>U</i> the informat	Receiver's Code :: Code identifying party receiving n; codes agreed to by trading partners se this code to identify the unit receiving ion. ledicaid Directive: Use "MMISNEBR".	M	AN	2/15	Required
GS04	373		n: Date expressed as CCYYMMDD se this date for the functional group e.	M	DT	8/8	Required
GS05	337	as follows: F HHMMSSDI (00-59), S = decimal sec	a: Time expressed in 24-hour clock time HHMM, or HHMMSS, or HHMMSSD, or D, where H = hours (00-23), M = minutes integer seconds (00-59) and DD = onds; decimal seconds are expressed as tenths (0-9) and DD = hundredths (00-	M	ТМ	4/8	Required
		Industry: U	se this time for the creation time. The ed format is HHMM.				
GS06	28	Group Con Description	trol Number : Assigned number originated and by the sender	M	N0	1/9	Required
GS07	455	Responsibl Description	e Agency Code Code identifying the issuer of the is code is used in conjunction with Data	M	ID	1/2	Required
		<u>Code</u> X	Name Accredited Standards Committee X12	2			

Health Care Claim: Professional - 837

Required

GS08 480 Version / Release / Industry Identifier Code

Description: Code indicating the version, release, subrelease, and industry identifier of the EDI standard being used, including the GS and GE segments; if code in DE455 in GS segment is X, then in DE 480 positions 1-3 are the version number; positions 4-6 are the release and subrelease, level of the version; and positions 7-12 are the industry or trade association identifiers (optionally assigned by

user); if code in DE455 in GS segment is T, then other formats are allowed

<u>Code</u> <u>Name</u>

004010X098A1 Draft Standards Approved for Publication by ASC X12 Procedures Review Board through October 1997.

ΑN

Μ

1/12

ST Transaction Set Header

Loop: N/A

Elements: 2

User Option (Usage): Required

To indicate the start of a transaction set and to assign a control number

Ref	<u>ld</u>	Element Name	Req	Type	Min/Max	<u>Usage</u>
ST01	143	Transaction Set Identifier Code Description: Code uniquely identifying a Transaction Set Industry: The only valid value within this transaction set for ST01 is 837.	M	ID	3/3	Required
		CodeName837Health Care Claim				
ST02	329	Transaction Set Control Number Description: Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set Industry: The Transaction Set Control Numbers in ST02 and SE02 must be identical. This unique number also aids in error resolution research. Submitters could begin sending transactions using the number 0001 in this element and increment from there. The number must be unique within a specific functional group (GS-GE) and interchange (ISA-IEA), but can repeat in other groups and interchanges.	M	AN	4/9	Required

BHT Beginning of Hierarchical Transaction

Loop: N/A

Elements: 6

User Option (Usage): Required

To define the business hierarchical structure of the transaction set and identify the business application purpose and reference data, i.e., number, date, and time

Ref	<u>ld</u>	Element Name	Req	<u>Type</u>	Min/Max	<u>Usage</u>
BHT01	1005	Hierarchical Structure Code Description: Code indicating the hierarchical application structure of a transaction set that utilizes the HL segment to define the structure of the transaction set Code Name	M	ID	4/4	Required
		0019 Information Source, Subscriber, Depe				
BHT02	353	Transaction Set Purpose Code Description: Code identifying purpose of transaction set Industry: BHT02 is intended to convey the electronic transmission status of the 837 batch contained in this ST-SE envelope. The terms "original" and "reissue" refer to the electronic transmission status of the 837 batch, not the billing status. ORIGINAL: Original transmissions are claims/encounters which have never been sent to the receiver. Generally nearly all transmissions to a payer entity (as the ultimate destination of the transaction) are original. REISSUE: In the case where a transmission was disrupted the receiver can request that the batch be sent again. Use "Reissue" when resending transmission batches that have been previously sent. Code Name	M	ID	2/2	Required
		00 Original				
BHT03	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: Originator Application Transaction Identifier	0	AN	1/30	Required
BHT04	373	Date Description: Date expressed as CCYYMMDD Industry: Transaction Set Creation Date	0	DT	8/8	Required
BHT05	337	Time Description: Time expressed in 24-hour clock time as follows: HHMM, or HHMMSS, or HHMMSSD, or HHMMSSDD, where H = hours (00-23), M = minutes (00-59), S = integer seconds (00-59) and DD = decimal seconds; decimal seconds are expressed as follows: D = tenths (0-9) and DD = hundredths (00-99) Industry: <i>Transaction Set Creation Time</i>	0	ТМ	4/8	Required

Health Care Claim: Professional - 837

Required

BHT06 640

Transaction Type Code
Description: Code specifying the type of transaction
Industry: Claim or Encounter Identifier

0

ID

2/2

Code **Name** СН Chargeable RPReporting

REF Transmission Type Identification

Loop: N/A

Elements: 2

User Option (Usage): Required

To specify identifying information

<u>Ref</u>	<u>ld</u>	Element Name	<u>Req</u>	<u>Type</u>	Min/Max	<u>Usage</u>
REF01	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification Code Name	M	ID	2/3	Required
		87 Functional Category				
REF02	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: Transmission Type Code	С	AN	1/30	Required

NM1 Submitter Name

Loop: 1000A

Elements: 7

User Option (Usage): Required

To supply the full name of an individual or organizational entity

Nebraska Medicaid Directive:

If the patient is an "ineligible mother" (eligible under the unborn baby's number), enter the mother's name in NM103-NM107 and enter the unborn baby's eligibility number in NM109.

Ref	<u>ld</u>	Element Name	Req	Type	Min/Max	<u>Usage</u>
NM101 98		Entity Identifier Code Description: Code identifying an organizational entity, a physical location, property or an individual	М	ID	2/3	Required
		Code Name				
NINAAOO	4005	41 Submitter		ID	4 /4	Demineral
NM102	1065	Entity Type Qualifier Description: Code qualifying the type of entity	М	ID	1/1	Required
		Code Name				
		1 Person				
		2 Non-Person Entity				
NM103	1035	Name Last or Organization Name Description: Individual last name or organizational name	0	AN	1/35	Required
		Industry: Submitter Last or Organization Name				
NM104	1036	Name First Description: Individual first name Industry: Submitter First Name	0	AN	1/25	Used
NM105	1037	Name Middle Description: Individual middle name or initial Industry: Submitter Middle Name	0	AN	1/25	Used
NM108	66	Identification Code Qualifier Description: Code designating the system/method of code structure used for Identification Code (67)	С	ID	1/2	Required
		Code Name				
		46 Electronic Transmitter Identification N	Number (E	ETIN)		
NM109	67	Identification Code Description: Code identifying a party or other code Industry: Submitter Identifier Nebraska Medicaid Directive: Use the 4-digit Medicaid assigned submitter ID.	С	AN	2/80	Required

PER Submitter EDI Contact Information

Loop: 1000A

Elements: 8

User Option (Usage): Required

To identify a person or office to whom administrative communications should be directed

<u>Ref</u> PER01	<u>Id</u> 366	responsibility of	tion Code Code identifying the major duty or of the person or group named	Req M	<u>Type</u> ID	<u>Min/Max</u> 2/2	<u>Usage</u> Required
		<u>Code</u> IC	Name Information Contact				
PER02	93		Free-form name mitter Contact Name	Ο	AN	1/60	Required
PER03	365	Communication: (communication)	on Number Qualifier Code identifying the type of n number dicaid Directive: Code "EM" not used	С	ID	2/2	Required
		Code ED EM FX TE	Name Electronic Data Interchange Access Net Electronic Mail Facsimile Telephone	Number			
PER04	364		on Number Complete communications number try or area code when applicable	С	AN	1/80	Required
PER05	365	Description: (communication Industry: Use the individual to different than a segment (e.g.	this data element when the name of to contact is not already defined or is the name within the prior name N1 or NM1). dicaid Directive: Code "EM" not used	С	ID	2/2	Used
		Code ED EM EX FX TE	Name Electronic Data Interchange Access It Electronic Mail Telephone Extension Facsimile Telephone	Number			
PER06	364		on Number Complete communications number try or area code when applicable	С	AN	1/80	Used
PER07	365	Description: (communication Nebraska Med by NE Medical	dicaid Directive: Code "EM" not used id.	С	ID	2/2	Used
		<u>Code</u>	<u>Name</u>				

Health Care Claim: Professional - 837

ED Electronic Data Interchange Access Number

EM Electronic Mail

EX Telephone Extension

FX Facsimile TE Telephone

PER08 364 Communication Number C AN 1/80 Used

Description: Complete communications number including country or area code when applicable

Receiver Name NM₁

Loop: 1000B

Elements: 5

User Option (Usage): Required

To supply the full name of an individual or organizational entity

Ref	<u>ld</u>	Element Name	Req	Type	Min/Max	<u>Usage</u>	
NM101	98	Entity Identifier Code Description: Code identifying an organizational entity, a physical location, property or an individual	M	ID	2/3	Required	
		Code Name 40 Receiver					
NM102	1065	Entity Type Qualifier Description: Code qualifying the type of entity	М	ID	1/1	Required	
		CodeNameNon-Person Entity					
NM103	1035	Name Last or Organization Name Description: Individual last name or organizational name Industry: Receiver Name Nebraska Medicaid Directive: Use State of	0	AN	1/35	Required	
		Nebraska.					
NM108	66	Identification Code Qualifier Description: Code designating the system/method of code structure used for Identification Code (67)	С	ID	1/2	Required	
		CodeName46Electronic Transmitter Identification	n Number (ETIN)				
NM109	67	Identification Code	С	AN	2/80	Required	
		Description: Code identifying a party or other code Industry: <i>Receiver Primary Identifier</i> Nebraska Medicaid Directive: <i>Use NEMEDICAID.</i>					

HL Billing/Pay-to Provider Hierarchical Level

Loop: 2000A

Elements: 3

User Option (Usage): Required

To identify dependencies among and the content of hierarchically related groups of data segments

<u>Ref</u>	<u>ld</u>	Element Nam	<u>ne</u>	Req	<u>Type</u>	Min/Max	<u>Usage</u>
HL01	628	sender to ider hierarchical st Industry: HLC incremented b	A unique number assigned by the ntify a particular data segment in a	M	AN	1/12	Required
HL03	735	•	Level Code Code defining the characteristic of a archical structure	М	ID	1/2	Required
		<u>Code</u>	<u>Name</u>				
		20	Information Source				
HL04	736		Child Code Code indicating if there are hierarchical ments subordinate to the level being	0	ID	1/1	Required
		<u>Code</u>	<u>Name</u>				
		1	Additional Subordinate HL Data Segm	ent in Tl	his Hierard	chical Structure.	

NM1 Billing Provider Name

Loop: 2010AA

Elements: 8

User Option (Usage): Required

To supply the full name of an individual or organizational entity

Element Summary:

Ref	<u>ld</u>	Element Name	Req	<u>Type</u>	Min/Max	<u>Usage</u>
NM101	98	Entity Identifier Code Description: Code identifying an organizational entity, a physical location, property or an individual	M	ID	2/3	Required
		CodeName85Billing Provider				
NM102	1065	Entity Type Qualifier Description: Code qualifying the type of entity	M	ID	1/1	Required
		<u>Code</u> <u>Name</u>				
		1 Person				
		2 Non-Person Entity	_			
NM103 1035	Name Last or Organization Name Description: Individual last name or organizational name	O AN 1/35	1/35	Required		
		Industry: Billing Provider Last or Organizational Name				
NM104	1036	Name First	0	AN	1/25	Used
		Description: Individual first name Industry: Billing Provider First Name				
NM105	1037	Name Middle	0	AN	1/25	Used
		Description: Individual middle name or initial Industry: <i>Billing Provider Middle Name</i>				
NM107	1039	Name Suffix	0	AN	1/10	Used
		Description: Suffix to individual name Industry: <i>Billing Provider Name Suffix</i>				
NM108	66	Identification Code Qualifier	С	ID	1/2	Required
		Description: Code designating the system/method of code structure used for Identification Code (67)				
		Code Name				
		24 Employer's Identification Number				
		34 Social Security Number				
		XX Health Care Financing Administration	National	l Provider	Identifier	
NM109	67	Identification Code	С	AN	2/80	Required
		Description: Code identifying a party or other code Industry: <i>Billing Provider Identifier</i>				
		ExternalCodeList				
		Name: 537				

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Description: Health Care Financing Administration National Provider Identifier

N3 Billing Provider Address

Loop: 2010AA

Elements: 2

User Option (Usage): Required

To specify the location of the named party

Ref	<u>ld</u>	Element Name	Req	Type	Min/Max	<u>Usage</u>
N301	166	Address Information	M	AN	1/55	Required
		Description: Address information				
		Industry: Billing Provider Address Line				
N302	166	Address Information	0	AN	1/55	Used
		Description: Address information				
		Industry: Billing Provider Address Line				

N4 Billing Provider City/State/ZIP Code

Loop: 2010AA

Elements: 4

User Option (Usage): Required

To specify the geographic place of the named party

Element Summary:

Ref Id Element Name Req Type Min/Max Usage N401 19 City Name O AN 2/30 Required Description: Free-form text for city name Industry: Pilling Provider City Name	luired
·	
Industry: Pilling Provider City Name	
Industry: Billing Provider City Name	
N402 156 State or Province Code O ID 2/2 Requi	luired
Description: Code (Standard State/Province) as	
defined by appropriate government agency	
Industry: Billing Provider State or Province Code	
ExternalCodeList	
Name: 22	
Description: States and Outlying Areas of the U.S.	
N403 116 Postal Code O ID 3/15 Requi	uired
Description: Code defining international postal zone	
code excluding punctuation and blanks (zip code for United States)	
Industry: Billing Provider Postal Zone or ZIP Code	
ExternalCodeList	
Name: 51	
Description: ZIP Code	
•	a a d
N404 26 Country Code O ID 2/3 Use Description: Code identifying the country	sea
. , , ,	
ExternalCodeList	
Name: 5	

Description: Countries, Currencies and Funds

REF Billing Provider Secondary Identification

Loop: 2010AA

Elements: 2

User Option (Usage): Used

To specify identifying information

Nebraska Medicaid Directive:

Nebraska Medicaid requires us of code 1D and the 11-digit NE Medicaid assigned provider number. If Billing Provider NPI is sent in NM109, Nebraska Medicaid requires on additional REF segment using Employee Identification Number (EI) or Social Security Number (SY).

Hement Summary:								
Ref	<u>ld</u>	Element Nam	<u>e</u>	Req	<u>Type</u>	Min/Max	<u>Usage</u>	
REF01	128	Reference Ide	entification Qualifier	M ID	ID	2/3	Required	
		Description: Code qualifying the Reference Identification						
			dicaid Directive: Use code "1D" and E Medicaid assigned provider number.					
		_	, use code El or SY.					
		Code	<u>Name</u>					
		0B	State License Number					
		1A	Blue Cross Provider Number					
		1B	Blue Shield Provider Number					
		1D	Medicaid Provider Number					
		1G	Provider UPIN Number					
		1H	CHAMPUS Identification Number					
		1J	Facility ID Number					
		B3	Preferred Provider Organization Num	ber				
		BQ	Health Maintenance Organization Cod	de Numbe	er			
		EI	Employer's Identification Number					
		FH	Clinic Number					
		G2	Provider Commercial Number					
		G5	Provider Site Number					
		LU	Location Number					
		SY	Social Security Number					
		U3	Unique Supplier Identification Numbe	r (USIN)				
		X5	State Industrial Accident Provider Nur	mber				
REF02	127	Reference Ide	entification	С	AN	1/30	Required	
		•	Reference information as defined for a					
			saction Set or as specified by the					
			ntification Qualifier					
		maddiy. Dining i Tovider Additional Identifier						

PER Billing Provider Contact Information

Loop: 2010AA

Elements: 8

User Option (Usage): Used

To identify a person or office to whom administrative communications should be directed

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Ref	<u>ld</u>	Element Nam	<u>e</u>	Req	<u>Type</u>	Min/Max	<u>Usage</u>
PER01	366	Contact Fund Description:		M	ID	2/2	Required
		<u>Code</u>	<u>Name</u>				
DEDOO	00	IC	Information Contact	0		1/00	Б
PER02	93	•	Free-form name ng Provider Contact Name	0	AN	1/60	Required
PER03 3	365	Description: (communication	dicaid Directive: Code "EM" not used	С	ID	2/2	Required
		<u>Code</u> EM	<u>Name</u> Electronic Mail				
		FX	Facsimile				
		TE	Telephone				
PER04	364	-	on Number Complete communications number stry or area code when applicable	С	AN	1/80	Required
PER05	365	Description: (communication Nebraska Med	dicaid Directive: Code "EM" not used	С	ID	2/2	Used
		by NE Medica Code	Name				
		EM	Electronic Mail				
		EX	Telephone Extension				
		FX	Facsimile				
		TE	Telephone				
PER06	364		•	С	AN	1/80	Used
PER07	365	Description: (communication		С	ID	2/2	Used
		by NE Medica	dicaid Directive: Code "EM" not used id.				
		<u>Code</u> EM	<u>Name</u> Electronic Mail				

EX Telephone Extension

FX Facsimile TE Telephone

PER08 364 Communication Number C AN 1/80 Used

Description: Complete communications number including country or area code when applicable

HL Subscriber Hierarchical Level

Loop: 2000B

Elements: 4

User Option (Usage): Required

To identify dependencies among and the content of hierarchically related groups of data segments

Ref	<u>ld</u>	Element Name	Req	Type	Min/Max	<u>Usage</u>
HL01	628	Hierarchical ID Number Description: A unique number assigned by the sender to identify a particular data segment in a hierarchical structure	M	AN	1/12	Required
HL02	734	Hierarchical Parent ID Number Description: Identification number of the next highe hierarchical data segment that the data segment being described is subordinate to	O r	AN	1/12	Required
HL03	735	Hierarchical Level Code Description: Code defining the characteristic of a level in a hierarchical structure Code Name	M	ID	1/2	Required
		22 Subscriber				
HL04	736	Hierarchical Child Code Description: Code indicating if there are hierarchical child data segments subordinate to the level being described All valid standard codes are used.	O	ID	1/1	Required

SBR Subscriber Information

Loop: 2000B

Elements: 6

User Option (Usage): Required

To record information specific to the primary insured and the insurance carrier for that insured

Ref SBR01	<u>ld</u> 1138	Description:	onsibility Sequence Number Code Code identifying the insurance carrier's	Req M	Type ID	Min/Max 1/1	<u>Usage</u> Required			
		Code P S	nsibility for a payment of a claim Name Primary Secondary							
		T	Tertiary							
SBR02	1069	Individual Re Description:	elationship Code Code indicating the relationship individuals or entities	0	ID	2/2	Used			
		<u>Code</u> 18	<u>Name</u> Self							
SBR03	127	particular Tra Reference Ide	Reference information as defined for a nsaction Set or as specified by the entification Qualifier ured Group or Policy Number	0	AN	1/30	Used			
SBR04	93		Free-form name ured Group Name	0	AN	1/60	Used			
SBR05	1336	Insurance Ty Description:	-	0	ID	1/3	Used			
		Code	<u>Name</u>							
		12	Medicare Secondary Working Aged B	eneficiar	y or Spous	se with Employer	Group Health Plan			
		13	Medicare Secondary End-Stage Rena period with an employer's group healt	condary End-Stage Renal Disease Beneficiary in the 12 mo an employer's group health plan						
		14	Medicare Secondary, No-fault Insurar	nce inclu	ding Auto i	s Primary				
		15	Medicare Secondary Worker's Compe	pensation						
		16	Medicare Secondary Public Health Se	ervice (P	HS)or Othe	er Federal Agenc	у			
		41	Medicare Secondary Black Lung							
		42	Medicare Secondary Veteran's Admir							
		43	Medicare Secondary Disabled Benefic (LGHP)	ciary Und	der Age 65	with Large Grou	p Health Plan			
		47	Medicare Secondary, Other Liability In	nsurance	is Primary	/				
SBR09	1032	Description: Nebraska Me	Indicator Code Code identifying type of claim edicaid Directive: Use code "MC" for emitted to NE Medicaid. No other value	0	ID	1/2	Used			
		<u>Code</u>	<u>Name</u>							
		MC	Medicaid							

PAT Patient Information

Loop: 2000B

Elements: 5

User Option (Usage): Used

To supply patient information

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide.

Ref	<u>ld</u>	Element Name	Req	Type	Min/Max	<u>Usage</u>
PAT05	1250	Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format Code Name	С	ID	2/3	Used
PAT06	1251	Date Expressed in Format CCYYMM Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times Industry: Insured Individual Death Date Nebraska Medicaid Directive: Required if patient is known to be deceased.	С	AN	1/35	Used
PAT07	355	Unit or Basis for Measurement Code Description: Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken Code Name Actual Pounds	С	ID	2/2	Used
PAT08	81	Weight Description: Numeric value of weight Industry: Patient Weight	С	R	1/10	Used
PAT09	1073	Yes/No Condition or Response Code Description: Code indicating a Yes or No condition or response Industry: Pregnancy Indicator Nebraska Medicaid Directive: Required if patient is known to be pregnant.	0	ID	1/1	Used
		<u>Code</u> <u>Name</u> Y Yes				

NM1 Subscriber Name

Loop: 2010BA

Elements: 8

User Option (Usage): Required

To supply the full name of an individual or organizational entity

Nebraska Medicaid Directive:

If the patient is an "ineligible mother" (eligible under the unborn baby's mother), enter the mother's name in NM103-NM107 and enter the unborn baby's eligibility number in NM109.

<u>Ref</u> NM101	<u>ld</u> 98	Element Name Entity Identifier Code	Req M	<u>Type</u> ID	Min/Max 2/3	<u>Usage</u> Required
		Description: Code identifying an organizational entity, a physical location, property or an individual Code Name IL Insured or Subscriber				
NM102	1065	Entity Type Qualifier Description: Code qualifying the type of entity Code Name	M	ID	1/1	Required
		1 Person 2 Non-Person Entity				
NM103	1035	Name Last or Organization Name Description: Individual last name or organizational name	0	AN	1/35	Required
NM104	1036	Industry: Subscriber Last Name Name First Description: Individual first name Industry: Subscriber First Name	0	AN	1/25	Used
NM105	1037	Name Middle Description: Individual middle name or initial Industry: Subscriber Middle Name		AN	1/25	Used
NM107	1039	Name Suffix Description: Suffix to individual name Industry: Subscriber Name Suffix	0	AN	1/10	Used
NM108	66	Identification Code Qualifier Description: Code designating the system/method of code structure used for Identification Code (67) Nebraska Medicaid Directive: Code "MI" and the HIC number can be used on claims submitted by Medicare only.	С	ID	1/2	Used
		Use code "MI" and the 11-digit NE Medicaid assigned Recipient ID number for all other claims. Code MI Member Identification Number ZZ Mutually Defined				
NM109	67	Identification Code Description: Code identifying a party or other code Industry: Subscriber Primary Identifier	С	AN	2/80	Used

N3 Subscriber Address

Loop: 2010BA

Elements: 2

User Option (Usage): Used

To specify the location of the named party

Nebraska Medicaid Directive:

Required by NE Medicaid.

<u>Ref</u>	<u>ld</u>	Element Name	<u>Req</u>	<u>Type</u>	Min/Max	<u>Usage</u>
N301	166	Address Information	M	AN	1/55	Required
		Description: Address information				
		Industry: Subscriber Address Line				
N302	166	Address Information	0	AN	1/55	Used
		Description: Address information				
		Industry: Subscriber Address Line				

N4 Subscriber City/State/ZIP Code

Loop: 2010BA

Elements: 4

User Option (Usage): Used

To specify the geographic place of the named party

Nebraska Medicaid Directive:

Required by NE Medicaid.

Ref	<u>ld</u>	Element Name	Req	<u>Type</u>	Min/Max	<u>Usage</u>
N401	19	City Name	0	AN	2/30	Required
		Description: Free-form text for city name				
		Industry: Subscriber City Name			- /-	
N402	156	State or Province Code	0	ID	2/2	Required
		Description: Code (Standard State/Province) as defined by appropriate government agency				
		Industry: Subscriber State Code				
		<u>ExternalCodeList</u>				
		Name: 22				
		Description: States and Outlying Areas of the U.S.				
N403	116	Postal Code	0	ID	3/15	Required
		Description: Code defining international postal zone				
		code excluding punctuation and blanks (zip code for United States)				
		Industry: Subscriber Postal Zone or ZIP Code				
		ExternalCodeList				
		Name: 51				
		Description: ZIP Code				
N404	26	Country Code	0	ID	2/3	Used
		Description: Code identifying the country				
		ExternalCodeList				
		Name: 5				
		Description: Countries, Currencies and Funds				

DMG Subscriber Demographic Information

Loop: 2010BA

Elements: 3

User Option (Usage): Used

To supply demographic information

Nebraska Medicaid Directive:

Required by NE Medicaid. NOTE: If the patient is an "ineligible mother" (eligible under the unborn baby's number), enter the mother's date of birth (DMG02) and sex (DMG03).

Ref	<u>ld</u>	Element Name	2	Req	Type	Min/Max	<u>Usage</u>
DMG01	1250	Description: C	iod Format Qualifier Code indicating the date format, time and time format Name	С	ID	2/3	Required
		D8	Date Expressed in Format CCYYMMI	DD			
DMG02	1251	of dates, times	iod expression of a date, a time, or range or dates and times excriber Birth Date	С	AN	1/35	Required
DMG03	1068	individual	Code indicating the sex of the	O ID	ID	1/1	Required
		Code	<u>Name</u>				
		F	Female				
		M	Male				
		U	Unknown				

NM1 Payer Name

Loop: 2010BB

Elements: 5

User Option (Usage): Required

To supply the full name of an individual or organizational entity

Element Summary:

Ref	<u>ld</u>	Element Name	Req	<u>Type</u>	Min/Max	<u>Usage</u>
NM101	98	Entity Identifier Code Description: Code identifying an organizational entity, a physical location, property or an individual Code Name	M	ID	2/3	Required
NM102	1065	PR Payer Entity Type Qualifier Description: Code qualifying the type of entity Code Name	М	ID	1/1	Required
NM103	1035	Non-Person Entity Name Last or Organization Name Description: Individual last name or organizational	0	AN	1/35	Required
NM108	66	Industry: Payer Name Identification Code Qualifier Description: Code designating the system/method of code structure used for Identification Code (67)	С	ID	1/2	Required
NM109	67	Nebraska Medicaid Directive: Use code "PI". Code Name PI Payor Identification Identification Code Description: Code identifying a party or other code Industry: Payer Identifier	С	AN	2/80	Required
		Nebraska Medicaid Directive: Use "NEMEDICAID". ExternalCodeList Name: 540				

Description: Health Care Financing Administration National PlanID

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CLM Claim Information

Loop: 2300

Elements: 12

User Option (Usage): Required

To specify basic data about the claim

Ref	<u>ld</u>	Element Name	Req	Type	Min/Max	<u>Usage</u>
CLM01	1028	Claim Submitter's Identifier Description: Identifier used to track a claim from creation by the health care provider through payment Industry: Patient Account Number Nebraska Medicaid Directive: The number that the submitter transmits in this position is echoed back to the submitter in the 835 and other transactions. This permits the submitter to use the value in this field as a key in the submitter's system to match the claim to the payment information returned in the 835 transaction. The two recommended identifiers are either the Patient Account Number or the Claim Number in the billing submitter's patient management system. The developers of this implementation guide strongly recommend that submitters use completely unique numbers for this field for each individual claim. The maximum number of characters to be supported for this field is '20'. A provider may submit fewer characters depending upon their needs. However, the HIPAA maximum requirement to be supported by any responding system is '20'. Characters beyond 20 are not required to be stored nor returned by any 837-receiving system.	M	AN	1/38	Required
CLM02	782	Monetary Amount Description: Monetary amount Industry: Total Claim Charge Amount Nebraska Medicaid Directive: For encounter transmissions, zero (0) may be a valid amount.	0	R	1/18	Required
CLM05	C023	Health Care Service Location Information Description: To provide information that identifies the place of service or the type of bill related to the location at which a health care service was rendered Nebraska Medicaid Directive: CLM05 applies to all service lines unless it is over written at the line level.	0	Comp		Required
	1331	Facility Code Value Description: Code identifying the type of facility where services were performed; the first and second positions of the Uniform Bill Type code or the Place of Service code from the Electronic Media Claims National Standard Format Industry: Facility Type Code Nebraska Medicaid Directive: Use this element for codes identifying a place of service from code source 237. As a courtesy, the codes are listed below, however, the code list is thought to be complete at the time of publication of this implementation guideline. Since this list is subject to change, only codes contained in the document available from code source 237 are to be supported	M	AN	1/2	Required

		in this transaction and take precedence all codes listed here.	e over any and				
		11 Office 12 Home 21 Inpatient Hospital 22 Outpatient Hospital					
		23 Emergency Room - Hospital 24 Ambulatory Surgical Center 25 Birthing Center 26 Military Treatment Facility 31 Skilled Nursing Facility 32 Nursing Facility					
		33 Custodial Care Facility 34 Hospice 41 Ambulance - Land 42 Ambulance - Air or Water 51 Inpatient Psychiatric Facility					
		52 Psychiatric Facility Partial Hospitali. 53 Community Mental Health Center 54 Intermediate Care Facility/Mentally 55 Residential Substance Abuse Treat 56 Psychiatric Residential Treatment C 50 Federally Qualified Health Center 60 Mass Immunization Center	Retarded ment Facility				
		61 Comprehensive Inpatient Rehabilita 62 Comprehensive Outpatient Rehabil 65 End Stage Renal Disease Treatmen 71 State or Local Public Health Clinic 72 Rural Health Clinic 81 Independent Laboratory 99 Other Unlisted Facility	itation Facility				
		ExternalCodeList Name: 237					
		Description: Place of Service from He	alth Care Finan	cina Admin	istration Cla	aim Form	
	1325	Claim Frequency Type Code Description: Code specifying the frequency claim; this is the third position of the Ur Claim Form Bill Type	uency of the	O	ID	1/1	Required
		Industry: Claim Frequency Code ExternalCodeList					
		Name: 235	'odo				
CLM06	1073	Pescription: Claim Frequency Type C Yes/No Condition or Response Code Description: Code indicating a Yes or or response	е	0	ID	1/1	Required
		Industry: Provider or Supplier SignatuCodeNameNNo	re Indicator				
CLM07	1359	Y Yes Provider Accept Assignment Code Description: Code indicating whether accepts assignment	the provider	0	ID	1/1	Required
		Industry: Medicare Assignment Code Nebraska Medicaid Directive: CLMO whether the provider accepts Medicare The NSF mapping to FA0-59.0 occurs to-payer COB situations. All valid standard codes are used.	e assignment.				
CLM08	1073	Yes/No Condition or Response Code Description: Code indicating a Yes or or response	No condition	0	ID	1/1	Required
L.L. 04 6225	0040454	Industry: Benefits Assignment Certific					Nichola I and C
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		<u>Code</u> N	<u>Name</u> No				
		Υ	Yes	_			
CLM09	1363	Description: (has on file a si authorizing the organizations	formation Code Code indicating whether the provider igned statement by the patient e release of medical data to other dard codes are used.	0	ID	1/1	Required
CLM10	1351	Patient Signa Description: (subscriber aut and how they a Nebraska Med except in case	ture Source Code Code indicating how the patient or horization signatures were obtained are being retained by the provider dicaid Directive: CLM10 is required as where code "N" is used in CLM09. dard codes are used.	0	ID	1/1	Used
CLM11	C024	Description: and associated Nebraska Med or CLM11-3 and reported is acc CLM11-1, CLM map Yes to EA	es Information To identify one or more related causes d state or country information dicaid Directive: CLM11-1, CLM11-2, re required when the condition being cident or employment related. If M11-2, or CLM11-3 equals AP, then A0-09.0. 2440 If DTP - Date of P01=439) is used, then CLM11 is	0	Comp		Used
	1362	Related-Caus Description: (cause of an illi Industry: Rela Code AA AP EM	Code identifying an accompanying mess, injury or an accident ated Causes Code Name Auto Accident Another Party Responsible Employment	M	ID	2/3	Required
	1362	cause of an illi Industry: Rela Nebraska Med one code appl Code AA AP EM OA	Code identifying an accompanying mess, injury or an accident ated Causes Code dicaid Directive: Used if more than lies. Name Auto Accident Another Party Responsible Employment Other Accident	0	ID	2/3	Used
	1362	cause of an illr Industry: Rela	Code identifying an accompanying ness, injury or an accident ated Causes Code dicaid Directive: Used if more than	0	ID	2/3	Used
	156	State or Provi Description: (0	ID	2/2	Used

Used

Used

Used

Industry: Auto Accident State or Province Code Nebraska Medicaid Directive: Required if CLM11-1, -2, or -3 = AA to identify the state in which the automobile accident occurred. Use state postal code (CA = California, UT = Utah, etc).

ExternalCodeList

Name: 22

Description: States and Outlying Areas of the U.S.

26 **Country Code** Description: Code identifying the country Nebraska Medicaid Directive: Required if the automobile accident occurred out of the United States to identify the country in which the accident

occurred.

ExternalCodeList

Name: 5

Description: Countries, Currencies and Funds

CLM12 1366 **Special Program Code**

Code

Description: Code indicating the Special Program under which the services rendered to the patient

were performed

Industry: Special Program Indicator

Nama

Nebraska Medicaid Directive: Required if the services were rendered under one of the following circumstances/programs/projects.

Code	Name
01	Early & Periodic Screening, Diagnosis, and Treatment (EPSDT) or Child Health Assessment Program (CHAP)
02	Physically Handicapped Children's Program
03	Special Federal Funding
05	Disability
07	Induced Abortion - Danger to Life
08	Induced Abortion - Rape or Incest
09	Second Opinion or Surgery
Provider Agree	ment Code O ID 1/1 Used

0

0

ID

ID

2/3

2/3

1/2

CLM16 1360 **Description:** Code indicating the type of agreement

under which the provider is submitting this claim Industry: Participation Agreement

Nebraska Medicaid Directive: Required if a nonparticipating (non-par) provider is submitting a participating (par) claim/encounter. Sending the "P" code indicates that a non-par provider is sending a par claim as allowed under certain plans.

Code Name Participation Agreement

CLM20 1514 **Delay Reason Code** 0 ID

Description: Code indicating the reason why a

request was delayed

Nebraska Medicaid Directive: This element may be used if a particular claim is being transmitted in response to a request for information (e.g., a 277), and the response has been delayed. Required when claim is submitted late (past contracted date of filing limitations) and any of the codes below apply.

<u>Code</u>	<u>Name</u>
1	Proof of Eligibility Unknown or Unavailable
2	Litigation
3	Authorization Delays
4	Delay in Certifying Provider

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5	Delay in Supplying Billing Forms
6	Delay in Delivery of Custom-made Appliances
7	Third Party Processing Delay
8	Delay in Eligibility Determination
9	Original Claim Rejected or Denied Due to a Reason Unrelated to the Billing Limitation Rules
10	Administration Delay in the Prior Approval Process
11	Other

DTP Date - Initial Treatment

Loop: 2300

Elements: 3

User Option (Usage): Used

To specify any or all of a date, a time, or a time period

<u>Ref</u>	<u>ld</u>	Element Name	Req	Type	Min/Max	<u>Usage</u>
DTP01	374 Date/Time Qualifier Description: Code specifying type of date or time, or both date and time Industry: Date Time Qualifier		M	ID	3/3	Required
		CodeName454Initial Treatment				
DTP02	1250	Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format	M	ID	2/3	Required
		CodeNameD8Date Expressed in Format CCYYM	IMDD			
DTP03	1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times Industry: Initial Treatment Date	M	AN	1/35	Required

DTP Date - Onset of Current Illness/Symptom

Loop: 2300

Elements: 3

User Option (Usage): Used

To specify any or all of a date, a time, or a time period

<u>Ref</u>	<u>ld</u>	Element Name	Req	Type	Min/Max	<u>Usage</u>
DTP01	Date/Time Qualifier Description: Code specifying type of date or time, or both date and time Industry: Date Time Qualifier		M	ID	3/3	Required
DTP02	1250	Code 431 Onset of Current Symptoms or Illness Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format Code Name Date Expressed in Format CCYYMMI	M	ID	2/3	Required
DTP03	1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times Industry: Onset of Current Illness or Injury Date	M	AN	1/35	Required

DTP Date - Acute Manifestation

Loop: 2300

Elements: 3

User Option (Usage): Used

To specify any or all of a date, a time, or a time period

	<u>Ref</u>	<u>ld</u>	Element Nam	<u>1e</u>	Req	Type	Min/Max	<u>Usage</u>
DTP01	DTP01	374	Date/Time Qu		M	ID	3/3	Required
			or both date a	Code specifying type of date or time,				
				te Time Qualifier				
			Code	<u>Name</u>				
			453	Acute Manifestation of a Chronic Cor	ndition			
DTP02		1250	Description:	eriod Format Qualifier Code indicating the date format, time e and time format	M	ID	2/3	Required
			<u>Code</u>	<u>Name</u>				
			D8	Date Expressed in Format CCYYMM	DD			
	DTP03	1251	of dates, time	eriod Expression of a date, a time, or range s or dates and times ute Manifestation Date	М	AN	1/35	Required

DTP Date - Similar Illness/Symptom Onset

Loop: 2300

Elements: 3

User Option (Usage): Used

To specify any or all of a date, a time, or a time period

Ref	<u>ld</u>	Element Name	Req	Type	Min/Max	<u>Usage</u>
DTP01	374	Date/Time Qualifier M Description: Code specifying type of date or time, or both date and time Industry: Date Time Qualifier		ID	3/3	Required
DTP02	1250	Code 438 Onset of Similar Symptoms or Illness Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format Code Name Date Expressed in Format CCYYMMI	M OD	ID	2/3	Required
DTP03	1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times Industry: Similar Illness or Symptom Date	M	AN	1/35	Required

DTP Date - Accident

Loop: 2300

Elements: 3

User Option (Usage): Used

To specify any or all of a date, a time, or a time period

Ref	<u>ld</u>	Element Name	Req	Type	Min/Max	<u>Usage</u>
DTP01	374	Date/Time Qualifier Description: Code specifying type o or both date and time Industry: Date Time Qualifier	f date or time,	ID	3/3	Required
		CodeName439Accident				
DTP02	1250	Date Time Period Format Qualifier Description: Code indicating the dat format, or date and time format		ID	2/3	Required
		Code Name				
		D8 Date Expressed in F	Format CCYYMMDD			
		DT Date and Time Expr	essed in Format CCYYN	MMDDHHMM		
DTP03	1251	Date Time Period Description: Expression of a date, a of dates, times or dates and times Industry: Accident Date	M time, or range	AN	1/35	Required

DTP Date - Last X-ray

Loop: 2300

Elements: 3

User Option (Usage): Used

To specify any or all of a date, a time, or a time period

<u>Ref</u>	<u>ld</u>	Element Name	Req	Type	Min/Max	<u>Usage</u>
DTP01	Description: Code specifying type of date or time, or both date and time Industry: Date Time Qualifier		M	ID	3/3	Required
		CodeName455Last X-Ray				
DTP02	TP02 1250 Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format		M	ID	2/3	Required
		CodeNameD8Date Expressed in Format CCYYM	MDD			
DTP03	1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times Industry: Last X-Ray Date	M	AN	1/35	Required

DTP Date - Hearing and Vision Prescription Date

Loop: 2300

Elements: 3

User Option (Usage): Used

To specify any or all of a date, a time, or a time period

<u>Ref</u>	<u>ld</u>	Element Name	<u>Req</u>	<u>Type</u>	Min/Max	<u>Usage</u>
DTP01	374	Date/Time Qualifier Description: Code specifying type of date or time, or both date and time Industry: Date Time Qualifier		ID	3/3	Required
		-				
		<u>Code</u> <u>Name</u> 471 Prescription				
DTP02	1250	Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format	М	ID	2/3	Required
		Code Name				
		D8 Date Expressed in Format CCYYM	MDD			
DTP03	1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times	М	AN	1/35	Required
		Industry: Prescription Date				

DTP Date - Admission

Loop: 2300

Elements: 3

User Option (Usage): Used

To specify any or all of a date, a time, or a time period

<u>Ref</u>	<u>ld</u>	Element Name	Req	<u>Type</u>	Min/Max	<u>Usage</u>
DTP01	Description: Code specifying type of date or time, or both date and time Industry: Date Time Qualifier		M	ID	3/3	Required
		CodeName435Admission				
DTP02	DTP02 1250 Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format		М	ID	2/3	Required
		<u>Code</u> <u>Name</u>				
		D8 Date Expressed in Format CCYYN	MMDD			
DTP03	1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times Industry: Related Hospitalization Admission Date	M e	AN	1/35	Required

DTP Date - Discharge

Loop: 2300

Elements: 3

User Option (Usage): Used

To specify any or all of a date, a time, or a time period

<u>ld</u>	Element Nar	<u>ne</u>	Req	<u>Type</u>	Min/Max	<u>Usage</u>
DTP01 374 Date/Time Qualifier Description: Code specifying type of or both date and time		: Code specifying type of date or time, and time	M	ID	3/3	Required
	•					
	<u>Code</u> 096	<u>Name</u> Discharge				
P02 1250 Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format		M	ID	2/3	Required	
	<u>Code</u>	<u>Name</u>				
	D8	Date Expressed in Format CCYYMM	DD			
1251	Description: of dates, time	Expression of a date, a time, or range es or dates and times	M	AN	1/35	Required
	1250	374 Date/Time G Description: or both date Industry: Date Code 096 1250 Date Time P Description: format, or date Code D8 1251 Date Time P Description: of dates, time	Date/Time Qualifier Description: Code specifying type of date or time, or both date and time Industry: Date Time Qualifier Code Name 096 Discharge Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format Code Name Date Expressed in Format CCYYMM	Date/Time Qualifier Description: Code specifying type of date or time, or both date and time Industry: Date Time Qualifier Code Name 096 Discharge Date Time Period Format Qualifier M Description: Code indicating the date format, time format, or date and time format Code Name D8 Date Time Period Date Expressed in Format CCYYMMDD 1251 Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times	Date/Time Qualifier Description: Code specifying type of date or time, or both date and time Industry: Date Time Qualifier Code Discharge Date Time Period Format Qualifier M ID Description: Code indicating the date format, time format, or date and time format Code Date Expressed in Format CCYYMMDD Description: Expression of a date, a time, or range of dates, times or dates and times	Date/Time Qualifier Description: Code specifying type of date or time, or both date and time Industry: Date Time Qualifier Code Name 096 Discharge 1250 Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format Code Date Expressed in Format CCYYMMDD 1251 Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times

PWK

Claim Supplemental Information

Loop: 2300

Elements: 4

User Option (Usage): Used

To identify the type or transmission or both of paperwork or supporting information

Ref	<u>ld</u>	Element Nam	<u>1e</u>	Req	Type	Min/Max	<u>Usage</u>			
PWK01	755	Report Type		M	ID	2/2	Required			
		Description: Code indicating the title or contents of a document, report or supporting item Industry: Attachment Report Type Code								
		-								
		Code	Name							
		77	Support Data for Verification							
		AS	Admission Summary							
		B2	Prescription							
		B3	Physician Order							
		B4	Referral Form							
		CT	Certification							
		DA	Dental Models							
		DG	Diagnostic Report							
		DS	Discharge Summary							
		EB	Explanation of Benefits (Coordination	of Benef	its or Med	icare Secondary	Payor)			
		MT	Models							
		NN	Nursing Notes							
		ОВ	Operative Note							
		OZ	Support Data for Claim							
		PN	Physical Therapy Notes							
		PO	Prosthetics or Orthotic Certification							
		PZ	Physical Therapy Certification							
		RB	Radiology Films							
		RR	Radiology Reports							
		RT	Report of Tests and Analysis Report							
PWK02	756	Report Trans	smission Code	0	ID	1/2	Required			
		Description: Code defining timing, transmission								
		method or format by which reports are to be sent								
		-	achment Transmission Code							
		<u>Code</u>	Name							
		AA	Available on Request at Provider Site							
		BM 	By Mail							
		EL	Electronically Only							
		EM	E-Mail							
		FX	By Fax	_						
PWK05	66		Code Qualifier	С	ID	1/2	Used			
			Code designating the system/method ure used for Identification Code (67)							
			edicaid Directive: Required if PWK02							
		= "BM", "EL",								
		Code	Name							
		AC	Attachment Control Number							
PWK06	67	Identification	Code	С	AN	2/80	Used			

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Description: Code identifying a party or other code

Industry: Attachment Control Number

Nebraska Medicaid Directive: Required if PWK02

= "BM", "EL", "EM" or "FX".

AMT Patient Amount Paid

Loop: 2300

Elements: 2

User Option (Usage): Used

To indicate the total monetary amount

<u>Ref</u>	<u>ld</u>	Element N	<u>ame</u>	<u>Req</u>	<u>Type</u>	Min/Max	<u>Usage</u>
AMT01	522	Amount Qualifier Code Description: Code to qualify amount		М	ID	1/3	Required
		<u>Code</u>	<u>Name</u>				
		F5	Patient Amount Paid				
AMT02	782	Monetary Descriptio	Amount n: Monetary amount	М	R	1/18	Required
		Industry: /	Patient Amount Paid				

REF

Service Authorization Exception Code

Loop: 2300

Elements: 2

User Option (Usage): Used

To specify identifying information

<u>Ref</u>	<u>ld</u>	Element Na	<u>ame</u>	Req	<u>Type</u>	Min/Max	<u>Usage</u>	
REF01 128		Reference Identification Qualifier Description: Code qualifying the Reference Identification		M	ID	2/3	Required	
		<u>Code</u>	<u>Name</u>					
		4N	Special Payment Reference Number					
REF02	127	Descriptior particular Tr Reference I	Identification 1: Reference information as defined for a ransaction Set or as specified by the dentification Qualifier revice Authorization Exception Code	С	AN	1/30	Required	
		Code	<u>Name</u>					
		1	Immediate/Urgent Care					
		2	Services Rendered in a Retroactive P	eriod				
		3	Emergency Care					
		4	Client as Temporary Medicaid					
		5	Request from County for Second Opin	nion to R	ecipient ca	an Work		
		6	Request for Override Pending					
		7	Special Handling					

REF Prior Authorization or Referral Number

Loop: 2300

Elements: 2

User Option (Usage): Used

To specify identifying information

<u>Ref</u>	<u>ld</u>	Element Na	Element Name		<u>Type</u>	Min/Max	<u>Usage</u>
REF01	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification		М	ID	2/3	Required
		<u>Code</u>	<u>Name</u>				
		9F	Referral Number				
		G1	Prior Authorization Number				
REF02	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: Prior Authorization or Referral Number		С	AN	1/30	Required

REF

Original Reference Number (ICN/DCN)

Loop: 2300

Elements: 2

User Option (Usage): Used

To specify identifying information

<u>Ref</u>	<u>ld</u>	Element Name	Req	<u>Type</u>	Min/Max	<u>Usage</u>
REF01	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification		ID	2/3	Required
		<u>Code</u> <u>Name</u>				
		F8 Original Reference Number				
REF02	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: Claim Original Reference Number		AN	1/30	Required
		5				

REF

Clinical Laboratory Improvement Amendment (CLIA) Number

Loop: 2300

Elements: 2

User Option (Usage): Used

To specify identifying information

Ref REF01	<u>Id</u> 128			<u>Type</u> ID	<u>Min/Max</u> 2/3	<u>Usage</u> Required
		Code Name X4 Clinical Laboratory Improvement Ame	andmont I	Number		
		X4 Clinical Laboratory Improvement Ame	:nament i	vuilibei		
REF02	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: Clinical Laboratory Improvement Amendment Number	С	AN	1/30	Required

REF Medical Record Number

Loop: 2300

Elements: 2

User Option (Usage): Used

To specify identifying information

<u>Ref</u>	<u>ld</u>	Element Na	<u>ame</u>	Req	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
REF01	128	Description	Reference Identification Qualifier Description: Code qualifying the Reference Identification		ID	2/3	Required
		<u>Code</u>	<u>Name</u>				
		EA	Medical Record Identification Number				
REF02	127	Description particular T Reference I	Identification n: Reference information as defined for a ransaction Set or as specified by the dentification Qualifier Medical Record Number	С	AN	1/30	Required

NTE Claim Note

Loop: 2300

Elements: 2

User Option (Usage): Used

To transmit information in a free-form format, if necessary, for comment or special instruction

<u>Ref</u>	<u>ld</u>	Element Na	<u>me</u>	<u>Req</u>	<u>Type</u>	Min/Max	<u>Usage</u>			
NTE01	363		ence Code : Code identifying the functional area or which the note applies	0	ID	3/3	Required			
		<u>Code</u>	<u>Name</u>							
		ADD	Additional Information							
		CER	Certification Narrative							
		DCP	DCP Goals, Rehabilitation Potential, or Discharge Plans							
		DGN	Diagnosis Description							
		PMT	Payment							
		TPO	Third Party Organization Notes							
NTE02 352		related data	: A free-form description to clarify the elements and their content	M	AN	1/80	Required			
		Industry: Ci	aim Note Text							

CR1 Ambulance Transport Information

Loop: 2300

Elements: 8

User Option (Usage): Used

To supply information related to the ambulance service rendered to a patient

Ref CR101	<u>ld</u> 355	Element Name Unit or Basis for Measurement Code Description: Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken Nebraska Medicaid Directive: Required if needed to justify extra ambulance services. Code Name LB Pound	Req C	Type ID	<u>Min/Max</u> 2/2	<u>Usage</u> Used
CR102	81	Weight Description: Numeric value of weight Industry: Patient Weight Nebraska Medicaid Directive: Required if needed to justify extra ambulance services.	С	R	1/10	Used
CR103	1316	Ambulance Transport Code Description: Code indicating the type of ambulance transport All valid standard codes are used.	Ο	ID	1/1	Required
CR104	1317	Ambulance Transport Reason Code Description: Code indicating the reason for ambulance transport Code A Patient was transported to nearest face B Patient was transported for the benefic C Patient was transported for the nearn D Patient was transported for the care of E Patient Transferred to Rehabilitation F	it of a pre ess of fa of a speci	eferred phy mily memb	rsician ers	
CR105	355	Unit or Basis for Measurement Code Description: Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken Code Name DH Miles	C	ID	2/2	Required
CR106	380	Quantity Description: Numeric value of quantity Industry: Transport Distance Nebraska Medicaid Directive: NSF crosswalk to FA0-50.0 is used only in Medicare payer-to-payer COB situations.	С	R	1/15	Required
CR109	352	Description Description: A free-form description to clarify the related data elements and their content Industry: Round Trip Purpose Description Nebraska Medicaid Directive: Required if CR103 (Ambulance Transport Code) = "X - Round Trip"; otherwise not used.	0	AN	1/80	Used

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Used

Description CR110 352

Description: A free-form description to clarify the related data elements and their content Industry: Stretcher Purpose Description Nebraska Medicaid Directive: Required if needed 0

ΑN

1/80

to justify usage of stretcher.

CR2 Spinal Manipulation Service Information

Loop: 2300

Elements: 4

User Option (Usage): Used

To supply information related to the chiropractic service rendered to a patient

Ref	<u>ld</u>	Element Nam	<u>ie</u>	Req	Type	Min/Max	<u>Usage</u>
CR208	1342	patient's cond Industry: Pat	Code indicating the nature of a	0	ID	1/1	Required
CR210	352	related data e Industry: Pat	A free-form description to clarify the lements and their content ient Condition Description dicaid Directive: Used at discretion of	0	AN	1/80	Used
CR211	352	related data e Industry: Pat	A free-form description to clarify the lements and their content lent Condition Description dicaid Directive: Used at discretion of	0	AN	1/80	Used
CR212	1073	Description: or response Industry: X-ra Nebraska Me	ition or Response Code Code indicating a Yes or No condition ay Availability Indicator dicaid Directive: Required for service January 1, 2000. Name	0	ID	1/1	Used
		N	No				
		Υ	Yes				

CRC Ambulance Certification

Loop: 2300

Elements: 7

User Option (Usage): Used

To supply information on conditions

Element	Summ	ary:								
Ref	<u>ld</u>	Element N	<u>ame</u>	Req	Type	Min/Max	<u>Usage</u>			
CRC01	1136	Code Cate	gory	M	ID	2/2	Required			
		Description: Specifies the situation or category to								
			ode applies							
		<u>Code</u>	<u>Name</u>							
		07	Ambulance Certification							
CRC02	1073		ndition or Response Code	M	ID	1/1	Required			
		-	n: Code indicating a Yes or No condition							
		or response	e Certification Condition Indicator							
		Code	Name							
		N	No							
		Y	Yes							
CRC03	1321	Condition		М	ID	2/2	Required			
011000	1021		n: Code indicating a condition	IVI	10	2/2	rtoquirou			
		_	ndustry: Condition Code							
			Medicaid Directive: The codes for							
			o can be used for CRC04 through							
		CRC07.	M							
		<u>Code</u>	Name							
		01	Patient was admitted to a hospital							
		02	Patient was bed confined before the							
		03								
		04	Patient was moved by stretcher Patient was unconscious or in shock							
		05								
		06	Patient was transported in an emerg	-	ation					
		07	Patient had to be physically restraine	ea						
		08	Patient had visible hemorrhaging							
		09	Ambulance service was medically ne							
00004	4004	60	Transportation Was To the Nearest I			0.10				
CRC04	1321	Condition		0	ID	2/2	Used			
			n: Code indicating a condition Condition Code							
			Medicaid Directive: Required if							
		additional condition codes are needed.								
		Use the co	des listed in CRC03.							
		<u>Code</u>	<u>Name</u>							
		01	Patient was admitted to a hospital							
		02	Patient was bed confined before the							
		03	Patient was bed confined after the a	mbulance	service					
		04	Patient was moved by stretcher							
		05	Patient was unconscious or in shock							
		06	Patient was transported in an emerg	-	ation					
		07	Patient had to be physically restrained	ed						
		80	Patient had visible hemorrhaging							
		09	Ambulance service was medically ne	ecessary						

		60	Transportation Was To the Nearest	Facility					
CRC05	1321	Condition Ind		O	ID	2/2	Used		
OITOUS	1021		Code indicating a condition	O	ID .	212	Oseu		
		Industry: Con							
			a Medicaid Directive: Required if						
			dition codes are needed.						
			listed in CRC03.						
		<u>Code</u> 01	Name Detient was admitted to a begintal						
		02	Patient was admitted to a hospital Patient was bed confined before the	ambulanca	convice				
		02	Patient was bed confined after the a						
		03	Patient was moved by stretcher	arribularice se	SI VICE				
		05	Patient was unconscious or in shock	l _r					
		06	Patient was transported in an emerg		nn .				
		07	Patient had to be physically restrain	-	JII				
		08	Patient had visible hemorrhaging	eu					
		09	Ambulance service was medically n	ococcary					
		60	Transportation Was To the Nearest	· -					
CRC06	1321	Condition Ind		O	ID	2/2	Used		
CINCOO	1321		Code indicating a condition	O	טו	212	USEU		
		Industry: Condition Code							
			Medicaid Directive: Required if						
			dition codes are needed.						
			listed in CRC03.						
		Code	Name						
		01	Patient was admitted to a hospital						
		02	Patient was bed confined before the						
		03	Patient was bed confined after the a	ambulance se	ervice				
		04	Patient was upconscious or in sheet	l _z					
		05 06	Patient was unconscious or in shock		20				
		06	Patient was transported in an emerg		JII				
		08	Patient had to be physically restrain	leu					
		09	Patient had visible hemorrhaging	000000011					
		60	Ambulance service was medically n	-					
CRC07	1321	Condition Ind	Transportation Was To the Nearest	O	ID	2/2	Used		
CRCOI	1321		Code indicating a condition	O	טו	212	USEU		
		Industry: Con							
		Nebraska Med	dicaid Directive: Required if						
			dition codes are needed.						
			listed in CRC03.						
		Code	Name						
		01	Patient was admitted to a hospital Patient was bed confined before the	n ambulanaa					
		02							
		03 04	Patient was bed confined after the a	ambulance Se	EI VICE				
		05	Patient was moved by stretcher Patient was unconscious or in shock	k					
		05 06			nn.				
		06	Patient was transported in an emerge Patient had to be physically restrain		JII				
		08	Patient had to be physically restrain Patient had visible hemorrhaging	Gu					
		09	Ambulance service was medically n	ACASSARV					
		60	Transportation Was To the Nearest	· -					
		00	Transportation was 10 the Nearest	i aciiity					

CRC Patient Condition Information: Vision

Loop: 2300

Elements: 7

User Option (Usage): Used

To supply information on conditions

Ref	<u>ld</u>	Element Nam	<u>ie</u>	Req	<u>Type</u>	Min/Max	<u>Usage</u>		
CRC01	1136	Code Catego		M	ID	2/2	Required		
		Description: which the cod	Specifies the situation or category to e applies						
		<u>Code</u>	<u>Name</u>						
		E1	Spectacle Lenses						
		E2	Contact Lenses						
		E3	Spectacle Frames						
CRC02	1073		ition or Response Code	M	ID	1/1	Required		
		•	Code indicating a Yes or No condition						
		or response							
		-	tification Condition Indicator						
		<u>Code</u>	<u>Name</u>						
		N	No						
CDC00	4004	Y Canditian In	Yes	N 4	ın	0/0	Descriped		
CRC03	1321	Condition Inc		M	ID	2/2	Required		
			ription: Code indicating a condition try: Condition Code						
		Code	Name						
		<u></u> L1	General Standard of 20 Degree or .5	Diopter S	Sphere or C	Cylinder Change	Met		
		L2	Replacement Due to Loss or Theft			,			
		L3	Replacement Due to Breakage or Da	mage					
		L4	Replacement Due to Patient Preferer	-					
		L5	Replacement Due to Medical Reasor						
CRC04	1321	Condition Inc	· · · · · ·	0	ID	2/2	Used		
		Description:	Code indicating a condition						
		Industry: Con							
			dicaid Directive: Use codes listed in						
		CRC03.	Iditional condition codes are needed.						
		Code	Name						
		<u>5545</u> L1	General Standard of 20 Degree or .5	Dionter S	Sphere or (Cylinder Change	Met		
		L2	Replacement Due to Loss or Theft	Dioptor C	, prioro or c	Jymraor Oriango			
		L3	Replacement Due to Breakage or Da	mage					
		L4	Replacement Due to Patient Preferer	-					
		L5	Replacement Due to Medical Reason						
CRC05	1321	Condition Inc	-	. 0	ID	2/2	Used		
011000	1021		Code indicating a condition	Ū		_,_	Cood		
		Industry: Con	ndition Code						
			dicaid Directive: Use codes listed in						
		CRC03.	Iditional condition codes are needed.						
		Code	Name						
		L1	General Standard of 20 Degree or .5	Dionter 9	Sphare or (Cylinder Change	Mot		
		L1 L2	Replacement Due to Loss or Theft	Piopiei	phileie of (Jymider Charige	INICI		
		LZ	Replacement Due to Loss of Their						

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		L3	Replacement Due to Breakage or Dai	mage					
		L4	Replacement Due to Patient Preference						
		L5	Replacement Due to Medical Reason	l					
CRC06	1321	Condition Ind	icator	0	ID	2/2	Used		
		Description: (Code indicating a condition						
		Industry: Con-							
		CRC03.	dicaid Directive: Use codes listed in						
		Required if add	ditional condition codes are needed.						
		Code Name							
		L1	General Standard of 20 Degree or .5 Diopter Sphere or Cylinder Change Met						
		L2	Replacement Due to Loss or Theft						
		L3	Replacement Due to Breakage or Damage						
		L4	Replacement Due to Patient Preferen	ice					
		L5	Replacement Due to Medical Reason	l					
CRC07	1321	Condition Ind	icator	0	ID	2/2	Used		
		Description: Code indicating a condition							
		Industry: Con-							
		Nebraska Med CRC03.	licaid Directive: Use codes listed in						
		Required if add	ditional condition codes are needed.						
		<u>Code</u>	<u>Name</u>						
		L1	General Standard of 20 Degree or .5	Diopter Spl	here or Cylir	der Change Met			
		L2	Replacement Due to Loss or Theft						
		L3	Replacement Due to Breakage or Dai	mage					
		L4	Replacement Due to Patient Preferen						
		L5	Replacement Due to Medical Reason						

CRC EPSDT Referral

Loop: 2300

Elements: 5

User Option (Usage): Used

To supply information on conditions

Figure	Julilli	aiy.					
Ref	<u>ld</u>	Element N	<u>ame</u>	Req	Type	Min/Max	<u>Usage</u>
CRC01	1136	Code Cate	gory	М	ID	2/2	Required
			n: Specifies the situation or category to				·
		which the c	ode applies				
		Code	<u>Name</u>				
		ZZ	Mutually Defined				
CRC02	1073	Yes/No Co	ndition or Response Code	М	ID	1/1	Required
		Descriptio	n: Code indicating a Yes or No condition				
		or response					
			Certification Condition Indicator				
			Medicaid Directive: Was an EPSDT				
		_	en to the patient?				
		<u>Code</u>	<u>Name</u>				
		N	No				
		Υ	Yes				
CRC03	1321	Condition		М	ID	2/2	Required
			n: Code indicating a condition				
			Condition Code Medicaid Directive: The codes for				
			o can be used for CRC04 through				
		CRC07.	o can so ucca for critica i unough				
		Code	Name				
		AV	Available - Not Used				
		NU	Not Used				
		S2	Under Treatment				
		ST	New Services Requested				
CRC04	1321	Condition		0	ID	2/2	Used
CI\C04	1321		n: Code indicating a condition	O	טו	212	Oseu
			Condition Code				
		Nebraska l	Medicaid Directive: Use codes listed in				
		CRC03.	additional condition codes are needed.				
		Code	Name				
		AV	Available - Not Used				
		NU	Not Used				
		S2	Under Treatment				
00005	4004	ST	New Services Requested	0	ID.	0/0	
CRC05	1321	Condition		0	ID	2/2	Used
			n: Code indicating a condition Condition Code				
			Medicaid Directive: Use codes listed in				
		CRC03.					
		Required if	additional condition codes are needed.				
		Code	<u>Name</u>				
		AV	Available - Not Used				
		NU	Not Used				
		S2	Under Treatment				

Health Care Diagnosis Code HI

Loop: 2300

Elements: 8

User Option (Usage): Used

To supply information related to the delivery of health care

Pof	ld.	Floment Name	Pog	Type	Min/Max	Heago		
<u>Ref</u> HI01	<u>ld</u> C022	Element Name Health Care Code Information Pagarintian: To good health care codes and their	<u>Req</u> M	<u>Type</u> Comp	IVIII II IVIAX	<u>Usage</u> Required		
		Description: To send health care codes and their						
		associated dates, amounts and quantities Nebraska Medicaid Directive: With a few						
		exceptions, it is not recommended to put E codes in						
		HI01. E codes may be put in any other HI element						
		using BF as the qualifier.						
		The diagnosis listed in this element is assumed to be)					
		the principal diagnosis.						
	1270	Code List Qualifier Code	М	ID	1/3	Required		
		Description: Code identifying a specific industry code list						
		Industry: Diagnosis Type Code						
		Code Name						
		BK Principal Diagnosis						
	1271	Industry Code	М	AN	1/30	Required		
	1271	Description: Code indicating a code from a specific	IVI	7 11 4	1/00	rtoquilou		
		industry code list						
		Industry: Diagnosis Code						
		<u>ExternalCodeList</u>						
		Name: 131						
		Description: International Classification of Diseases	Clinical N	/lod (ICD-9-	CM) Procedure			
HI02	C022	Health Care Code Information	0	Comp		Used		
		Description: To send health care codes and their associated dates, amounts and quantities						
		Nebraska Medicaid Directive: Refer to HI01-						
		1(C022-01) and HI01-3(C022-03) for C022-01 and						
		C022-03. Required if needed to report an additional diagnoses						
		and if the preceeding HI data elements have been						
		used to report other diagnoses.						
	1270	Code List Qualifier Code	М	ID	1/3	Required		
		Description: Code identifying a specific industry						
		code list						
		Industry: Diagnosis Type Code						
		Code Name						
	4074	BF Diagnosis		A	4/00	.		
	1271	Industry Code Description: Code indicating a code from a specific	M	AN	1/30	Required		
		industry code list						
		Industry: Diagnosis Code						
		ExternalCodeList						
		Name: 131						
		Description: International Classification of Diseases	Clinical N	/lod (ICD-9-	CM) Procedure			
HI03	C022	Health Care Code Information O Comp Use						
		Description: To send health care codes and their		•				
		associated dates, amounts and quantities						

		1(C022-01) a C022-03. Required if ne and if the pre-	dicaid Directive: Refer to Hind HI01-3(C022-03) for C022 eeded to report an additional of ceeding HI data elements have tother diagnoses.	2-01 and diagnoses				
	1270	code list	lalifier Code Code identifying a specific ince Gnosis Type Code Name	dustry	M	ID	1/3	Required
	1271	Industry Coo Description: industry code Industry: Dia ExternalCod	Code indicating a code from a list gnosis Code	a specific	M	AN	1/30	Required
		Name: 131 Description:	International Classification of	f Diseases Cl	inical Mo	d (ICD-9-C	CM) Procedure	
HI04	C022	Health Care Description: associated da Nebraska Me 1(C022-01) a C022-03. Required if ne and if the pre-	Code Information To send health care codes are tes, amounts and quantities dicaid Directive: Refer to Hind HI01-3(C022-03) for C022 seded to report an additional occeding HI data elements have to other diagnoses.	nd their 101- 2-01 and diagnoses	O	Comp	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Used
	1270	code list	califier Code Code identifying a specific incomes and the code Mame Diagnosis	dustry	М	ID	1/3	Required
	1271	Industry Coc Description: industry code Industry: Dia ExternalCod Name: 131	e Code indicating a code from a list gnosis Code		M linical Mo	AN	1/30	Required
HI05	C022	Health Care Description: associated da Nebraska Me 1(C022-01) a C022-03. Required if the predator of the preda	Code Information To send health care codes and tes, amounts and quantities dicaid Directive: Refer to Hind HI01-3(C022-03) for C022 deeded to report an additional of ceeding HI data elements have to other diagnoses.	nd their 101- 2-01 and diagnoses	O	Comp	own, i roccuure	Used
	1270	code list	lalifier Code Code identifying a specific ince gnosis Type Code Name Diagnosis	dustry	M	ID	1/3	Required
	1271	Industry Cod	e Code indicating a code from a list gnosis Code	a specific	M	AN	1/30	Required

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		Name: 131					
		Description: Intern	national Classification of Diseases	Clinical N	Mod (ICD-9-0	CM) Procedure	
HI06	C022	associated dates, a Nebraska Medicai 1(C022-01) and HIG C022-03. Required if needed	Information and health care codes and their amounts and quantities d Directive: Refer to HI01- 01-3(C022-03) for C022-01 and to report an additional diagnoses ag HI data elements have been	O	Comp		Used
		used to report other					
	1270	Code List Qualifie	r Code identifying a specific industry	M	ID	1/3	Required
			ime				
			agnosis				
	1271	Industry Code	indicating a code from a specific	M	AN	1/30	Required
		Name: 131					
			national Classification of Diseases	S Clinical N	Mod (ICD-9-0	CM) Procedure	
HI07	C022	Health Care Code Description: To se associated dates, a Nebraska Medicai 1(C022-01) and HIC C022-03. Required if needed	Information and health care codes and their amounts and quantities d Directive: Refer to HI01- 01-3(C022-03) for C022-01 and to report an additional diagnoses and HI data elements have been	O	Comp	,	Used
	1270	Code List Qualifie Description: Code code list	r Code identifying a specific industry	М	ID	1/3	Required
		Industry: Diagnosia Code Na	ime				
		· · · · · · · · · · · · · · · · · · ·	agnosis				
	1271	Industry Code Description: Code industry code list Industry: Diagnosi ExternalCodeList	indicating a code from a specific	M	AN	1/30	Required
		Name: 131	national Classification of Discasso	Clinical N	Mod (ICD 0 (M) Procedure	
HI08	C022	Health Care Code Description: To se associated dates, a Nebraska Medicai 1(C022-01) and HIC C022-03. Required if needed	and health care codes and their imounts and quantities d Directive: Refer to HI01- 01-3(C022-03) for C022-01 and to report an additional diagnoses and HI data elements have been	O	Comp	SM) Procedure	Used
	1270	Code List Qualifie	r Code identifying a specific industry	M	ID	1/3	Required
			ime				
			agnosis				

Health Care Claim: Professional - 837

1271 Industry Code M AN 1/30 Required

Description: Code indicating a code from a specific

industry code list **Industry**: *Diagnosis Code*

ExternalCodeList

Name: 131

Description: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure

NM1 Referring Provider Name

Loop: 2310A

Elements: 8

User Option (Usage): Used

To supply the full name of an individual or organizational entity

	Odillilli					
<u>Ref</u>	<u>ld</u>	Element Name	<u>R€</u>			<u>Usage</u>
NM101	98	Entity Identifier Code	N	// ID	2/3	Required
		Description: Code identifying an organizational entity, a physical location, property or an individua	1			
		Nebraska Medicaid Directive: The entity identifie				
		in NM101 applies to all segments in this Loop ID-				
		2310.				
		Code Name				
		DN Referring Provider				
		P3 Primary Care Provider				
NM102	1065	Entity Type Qualifier	N	/ ID	1/1	Required
		Description: Code qualifying the type of entity				•
		<u>Code</u> <u>Name</u>				
		1 Person				
		2 Non-Person Entity				
NM103	1035	Name Last or Organization Name	C) AN	1/35	Required
		Description: Individual last name or organizational	al			
		name				
NINAAOA	4000	Industry: Referring Provider Last Name) AN	4/05	Haad
NM104	1036	Name First Description: Individual first name	C) AN	1/25	Used
		Industry: Referring Provider First Name				
		Nebraska Medicaid Directive: Required if				
		NM102=1 (person).				
NM105	1037	Name Middle	C) AN	1/25	Used
		Description: Individual middle name or initial				
		Industry: Referring Provider Middle Name Nebraska Medicaid Directive: Required if				
		NM102=1 and the middle name/initial of the perso	n			
		is known.	••			
NM107	1039	Name Suffix	C) AN	1/10	Used
		Description: Suffix to individual name				
		Industry: Referring Provider Name Suffix				
		Nebraska Medicaid Directive: Required if known				
NM108	66	Identification Code Qualifier	- C	D ID	1/2	Used
		Description: Code designating the system/metho of code structure used for Identification Code (67)				
		Nebraska Medicaid Directive: Required if				
		Employer's Identification/Social Security number				
		(Tax ID) or National Provider Identifier is known.				
		<u>Code</u> <u>Name</u>				
		24 Employer's Identification Number				
		34 Social Security Number				
		XX Health Care Financing Administra	ation Nati	ional Provid	er Identifier	
NM109	67	Identification Code	C	C AN	2/80	Used
		Description: Code identifying a party or other cod	le			
		Industry: Referring Provider Identifier Nebraska Medicaid Directive: Required if				
		Neuraska Medicalu Difective. Required II				

Health Care Claim: Professional - 837

Employer's Identification/Social Security number (Tax ID) or National Provider Identifier is known.

ExternalCodeList

Name: 537

Description: Health Care Financing Administration National Provider Identifier

REF

Referring Provider Secondary Identification

Loop: 2310A

Elements: 2

User Option (Usage): Used

To specify identifying information

<u>Ref</u>	<u>ld</u>	Element N	<u>ame</u>	Req	Type	Min/Max	<u>Usage</u>
REF01	128	Descriptio Identification	• •	M	ID	2/3	Required
		_	Medicaid Directive: Use code "0B".				
		<u>Code</u>	<u>Name</u>				
		0B	State License Number				
		1B	Blue Shield Provider Number				
		1C	Medicare Provider Number				
		1D	Medicaid Provider Number				
		1G	Provider UPIN Number				
		1H	CHAMPUS Identification Number				
		El	Employer's Identification Number				
		G2	Provider Commercial Number				
		LU	Location Number				
		N5	Provider Plan Network Identification N	lumber			
		SY	Social Security Number				
		X5	State Industrial Accident Provider Nur	mber			
REF02	127	Reference	Identification	С	AN	1/30	Required
		•	n: Reference information as defined for a				
		•	ransaction Set or as specified by the				
			Identification Qualifier				
		industry: I	Referring Provider Secondary Identifier				

NM1 Rendering Provider Name

Loop: 2310B

Elements: 8

User Option (Usage): Used

To supply the full name of an individual or organizational entity

Ref	<u>ld</u>	Element Name	Req	Type	Min/Max	<u>Usage</u>
NM101	98	Entity Identifier Code Description: Code identifying an organizational entity, a physical location, property or an individual Nebraska Medicaid Directive: Use code "77" only.	М	ID	2/3	Required
		<u>Code</u> <u>Name</u>				
		82 Rendering Provider				
NM102	1065	Entity Type Qualifier Description: Code qualifying the type of entity	М	ID	1/1	Required
		<u>Code</u> <u>Name</u>				
		1 Person				
N.B.44.00	400=	2 Non-Person Entity	•		4 /0 =	5
NM103	1035	Name Last or Organization Name Description: Individual last name or organizational name	0	AN	1/35	Required
		Industry: Rendering Provider Last or Organization Name				
NM104	1036	Name First	0	AN	1/25	Used
		Description: Individual first name				
		Industry: Rendering Provider First Name Nebraska Medicaid Directive: Required if NM102=1 (person).				
NM105	1037	Name Middle	0	AN	1/25	Used
		Description: Individual middle name or initial Industry: Rendering Provider Middle Name				
		Nebraska Medicaid Directive: Required if NM102=1 and the middle name/initial of the person is known.				
NM107	1039	Name Suffix	0	AN	1/10	Used
		Description: Suffix to individual name				
		Industry: Rendering Provider Name Suffix Nebraska Medicaid Directive: Required if known.	_			
NM108	66	Identification Code Qualifier	С	ID	1/2	Required
		Description: Code designating the system/method of code structure used for Identification Code (67)				
		Nebraska Medicaid Directive: When using NPI				
		(XX) or Employee Identification Number (24),				
		Nebraska Medicaid requires a REF segment with Social Security Number (SY) as a secondary ID.				
		<u>Code</u> <u>Name</u>				
		24 Employer's Identification Number				
		34 Social Security Number				
		XX Health Care Financing Administration				
NM109	67	Identification Code	С	AN	2/80	Required
		Description: Code identifying a party or other code Industry: <i>Rendering Provider Identifier</i>				
		Nebraska Medicaid Directive: FA0-58.0 crosswalk is only used in Medicare COB payer-to-payer claims.				

Health Care Claim: Professional - 837

ExternalCodeList

Name: 537

Description: Health Care Financing Administration National Provider Identifier

REF

Rendering Provider Secondary Identification

Loop: 2310B

Elements: 2

User Option (Usage): Used

To specify identifying information

Nebraska Medicaid Directive:

When using NPI (XX) or Employee Identification Number (EI), Nebraska Medicaid requires an additional REF segment using Social Security Number (SY).

	O 4111111	u. y.					
Ref	<u>ld</u>	Element Name			Type	Min/Max	<u>Usage</u>
REF01	128	Reference	Identification Qualifier	M	ID	2/3	Required
			on: Code qualifying the Reference				
		Identification					
			Medicaid Directive: Use code "SY" and				
			ial Security Number as a 9-digit all alue (no dashes).				
			,				
		<u>Code</u>	Name				
		0B	State License Number				
		1B	Blue Shield Provider Number				
		1C	Medicare Provider Number				
		1D	Medicaid Provider Number				
		1G	Provider UPIN Number				
		1H	CHAMPUS Identification Number				
		EI	Employer's Identification Number				
		G2	Provider Commercial Number				
		LU	Location Number				
		N5	Provider Plan Network Identification N	lumber			
		SY	Social Security Number				
		X5	State Industrial Accident Provider Nur	mber			
REF02	127	Reference	Identification	С	AN	1/30	Required
		Description	on: Reference information as defined for a				
			ransaction Set or as specified by the				
			Identification Qualifier				
		industry:	Rendering Provider Secondary Identifier				

NM1 Service Facility Location

Loop: 2310D

Elements: 5

User Option (Usage): Used

To supply the full name of an individual or organizational entity

Element Summary:

Ref	<u>ld</u>	Element Naı	<u>ne</u>	Req	<u>Type</u>	Min/Max	<u>Usage</u>
NM101	98	Entity Identi	fier Code Code identifying an organizational	M	ID	2/3	Required
		entity, a phys	sical location, property or an individual				
			edicaid Directive: Use code "77" only.				
		<u>Code</u>	<u>Name</u>				
		77	Service Location				
NM102	1065	Entity Type Description:	Qualifier Code qualifying the type of entity	M	ID	1/1	Required
		Code	<u>Name</u>				
		2	Non-Person Entity				
NM103	1035		or Organization Name	0	AN	1/35	Used
		name	Individual last name or organizational				
			boratory or Facility Name				
			edicaid Directive: Required except				
			was rendered in the patient's home.				
NM108	66		n Code Qualifier	С	ID	1/2	Used
		•	Code designating the system/method				
			of code structure used for Identification Code (67) Nebraska Medicaid Directive: Required if either				
		Employer's le					
		National Pro	vider Identifier is known.				
		<u>Code</u>	<u>Name</u>				
		24	Employer's Identification Number				
		34	Social Security Number				
		XX	Health Care Financing Administration	Nationa Nationa	l Provider I	ldentifier	
NM109	67	Identificatio		С	AN	2/80	Used
			Code identifying a party or other code				
			boratory or Facility Primary Identifier edicaid Directive: Required if either				
			dentification/Social Security Number or				
			vider Identifier is known.				
		ExternalCoc	<u>leList</u>				
		Name: F27					

Name: 537

Description: Health Care Financing Administration National Provider Identifier

N3 Service Facility Location Address

Loop: 2310D

Elements: 2

User Option (Usage): Required

To specify the location of the named party

<u>Ref</u>	<u>ld</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
N301	166	Address Information	М	AN	1/55	Required
		Description: Address information				
		Industry: Laboratory or Facility Address Line				
N302 16	166	Address Information	0	AN	1/55	Used
		Description: Address information				
		Industry: Laboratory or Facility Address Line				
		Nebraska Medicaid Directive: Required if a second				
		address line exists.				

N4 Service Facility Location City/State/ZIP

Loop: 2310D

Elements: 4

User Option (Usage): Required

To specify the geographic place of the named party

Element Summary:

Ref	<u>ld</u>	Element Name	Req	Type	Min/Max	Usage
N401	19	City Name	0	AN	2/30	Required
		Description: Free-form text for city name			_, _,	
		Industry: Laboratory or Facility City Name				
N402 156	State or Province Code Description: Code (Standard State/Province) as defined by appropriate government agency Industry: Laboratory or Facility State or Province Code	0	ID	2/2	Required	
		<u>ExternalCodeList</u>				
		Name: 22				
		Description: States and Outlying Areas of the U.S.				
N403 110	116	Postal Code Description: Code defining international postal zone code excluding punctuation and blanks (zip code for United States)	0	ID	3/15	Required
		Industry: Laboratory or Facility Postal Zone or ZIP Code				
		ExternalCodeList Name: 51 Description: ZIP Code				
N404	26	Country Code Description: Code identifying the country Nebraska Medicaid Directive: Required if the address is out of the U.S.	0	ID	2/3	Used
		ExternalCodeList Name: 5 Description: Countries Currencies and Funds				

Description: Countries, Currencies and Funds

SBR Other Subscriber Information

Loop: 2320

Elements: 6

User Option (Usage): Used

To record information specific to the primary insured and the insurance carrier for that insured

Ref	<u>ld</u>	Element Na	<u>me</u>	Req	<u>Type</u>	Min/Max	<u>Usage</u>
SBR01	1138	Description	onsibility Sequence Number Code : Code identifying the insurance carrier's onsibility for a payment of a claim	M	ID	1/1	Required
		Code	<u>Name</u>				
		Р	Primary				
		S	Secondary				
		T	Tertiary				
SBR02	1069	Description	telationship Code : Code indicating the relationship individuals or entities	Ο	ID	2/2	Required
		<u>Code</u>	<u>Name</u>				
		01	Spouse				
		04	Grandfather or Grandmother				
		05	Grandson or Granddaughter				
		07	Nephew or Niece				
		10	Foster Child				
		15	Ward				
		17	Stepson or Stepdaughter				
		18	Self				
		19	Child				
		20	Employee				
		21	Unknown				
		22	Handicapped Dependent				
		23	Sponsored Dependent				
		24	Dependent of a Minor Dependent				
		29	Significant Other				
		32	Mother				
		33	Father				
		36	Emancipated Minor				
		39	Organ Donor				
		40	Cadaver Donor				
		41	Injured Plaintiff				
		43	Child Where Insured Has No Financia	al Respor	nsibility		
		53	Life Partner				
		G8	Other Relationship				
SBR03	127		dentification	0	AN	1/30	Used
		particular Tra Reference lo Industry: In Nebraska M subscriber's	Reference information as defined for a cansaction Set or as specified by the dentification Qualifier sured Group or Policy Number dedicaid Directive: Required if the payer identification includes Group or r. This data element is intended to carry				
		the subscribe	er's Group Number, not the number that				

		uniquely ident	ifies the subscriber (Subscriber ID,				
		Loop 2010BA					
SBR04	93	Name	Free form name	0	AN	1/60	Used
			Free-form name er Insured Group Name				
			dicaid Directive: Required if the				
		subscriber's p	ayer identification includes a Group or				
		Plan Name.					
SBR05	1336	Insurance Ty	pe Code Code identifying the type of insurance	0	ID	1/3	Required
			specific insurance program				
		Code	Name_				
		AP	Auto Insurance Policy				
		C1	Commercial				
		CP	Medicare Conditionally Primary				
		GP	Group Policy				
		HM	Health Maintenance Organization (H	MO)			
		IP	Individual Policy				
		LD	Long Term Policy				
		LT	Litigation				
		MB	Medicare Part B				
		MC	Medicaid				
		MI	Medigap Part B				
		MP	Medicare Primary Other				
		OT PP		nco)			
		SP	Personal Payment (Cash - No Insura Supplemental Policy	ince)			
SBR09	1032		ndicator Code	0	ID	1/2	Used
OBITOO	1002		Code identifying type of claim	Ü	10	1/2	Cood
			dicaid Directive: Required prior to				
		mandated use mandated.	ed of PlanID. Not used after PlanID is				
		Code	Name				
		09	Self-pay				
		10	Central Certification				
		11	Other Non-Federal Programs				
		12	Preferred Provider Organization (PPG	O)			
		13	Point of Service (POS)				
		14	Exclusive Provider Organization (EP	O)			
		15	Indemnity Insurance				
		16	Health Maintenance Organization (H	MO) Medi	care Risk		
		AM	Automobile Medical				
		BL	Blue Cross/Blue Shield				
		CH	Champus				
		CI	Commercial Insurance Co.				
		DS HM	Disability Health Maintenance Organization				
		LI	Liability				
		LM	Liability Liability Medical				
		MB	Medicare Part B				
		MC	Medicaid				
		OF	Other Federal Program				
		TV	Title V				
		VA	Veteran Administration Plan				
		WC	Workers' Compensation Health Clain	n			
		ZZ	Mutually Defined				

CAS Claim Level Adjustments

Loop: 2320

Elements: 19

User Option (Usage): Used

To supply adjustment reason codes and amounts as needed for an entire claim or for a particular service within the claim being paid

Ref	<u>ld</u>	Element Name	Req	Type	Min/Max	<u>Usage</u>
CAS01	1033	Claim Adjustment Group Code Description: Code identifying the general category of payment adjustment	M	ID	1/2	Required
		Code Name				
		CO Contractual Obligations				
		CR Correction and Reversals				
		OA Other adjustments				
		PI Payor Initiated Reductions				
		PR Patient Responsibility				
CAS02	1034	Claim Adjustment Reason Code Description: Code identifying the detailed reason the adjustment was made	М	ID	ID 1/5	Required
		Industry: Adjustment Reason Code				
		<u>ExternalCodeList</u>				
		Name: 139				
		Description: Claim Adjustment Reason Code				
CAS03	782	Monetary Amount	M	R	1/18	Required
		Description: Monetary amount Industry: Adjustment Amount				
CAS04	380	Quantity	0	R	1/15	Used
071001	000	Description: Numeric value of quantity	Ū	• • •	1, 10	Good
		Industry: Adjustment Quantity				
		Nebraska Medicaid Directive: Use as needed to				
CAS05	1034	show payer adjustment.	С	ID	1/5	Hood
CASUS	1034	Claim Adjustment Reason Code Description: Code identifying the detailed reason	C	טו	1/5	Used
		the adjustment was made				
		Industry: Adjustment Reason Code				
		Nebraska Medicaid Directive: Use as needed to				
		show payer adjustment. ExternalCodeList				
		Name: 139				
		Description: Claim Adjustment Reason Code				
CAS06	782	Monetary Amount	С	R	1/18	Used
071000	. 02	Description: Monetary amount	Ū	• • •	.,	Good
		Industry: Adjustment Amount				
		Nebraska Medicaid Directive: Use as needed to				
CAS07	380	show payer adjustment. Quantity	С	R	1/15	Head
CASUI	300	Description: Numeric value of quantity	C	N	1/13	Used
		Industry: Adjustment Quantity				
		Nebraska Medicaid Directive: Use as needed to				
04000	1001	show payer adjustment.		ID.	4.15	
CAS08	1034	Claim Adjustment Reason Code Description: Code identifying the detailed reason	С	C ID	ID 1/5	Used
		the adjustment was made				
		Industry: Adjustment Reason Code				

		Nebraska Medicaid Directive: Use as needed to show payer adjustment.				
		ExternalCodeList				
		Name: 139 Description: Claim Adjustment Reason Code				
CAS09	782	Monetary Amount	С	R	1/18	Used
<i>0</i> ,1000	702	Description: Monetary amount Industry: Adjustment Amount Nebraska Medicaid Directive: Use as needed to show payer adjustment.	C		1710	Occu
CAS10	380	Quantity	С	R	1/15	Used
		Description: Numeric value of quantity Industry: <i>Adjustment Quantity</i> Nebraska Medicaid Directive: <i>Use as needed to show payer adjustment.</i>				
CAS11	1034	Claim Adjustment Reason Code Description: Code identifying the detailed reason the adjustment was made	С	ID	1/5	Used
		Industry: Adjustment Reason Code Nebraska Medicaid Directive: Use as needed to show payer adjustment.				
		ExternalCodeList Name: 139				
		Description: Claim Adjustment Reason Code				
CAS12	782	Monetary Amount	С	R	1/18	Used
		Description: Monetary amount Industry: Adjustment Amount Nebraska Medicaid Directive: Use as needed to show payer adjustment.				
CAS13	380	Quantity	С	R	1/15	Used
		Description: Numeric value of quantity Industry: Adjustment Quantity Nebraska Medicaid Directive: Use as needed to show payer adjustment.				
CAS14	1034	Claim Adjustment Reason Code Description: Code identifying the detailed reason the adjustment was made	С	ID	1/5	Used
		Industry: Adjustment Reason Code Nebraska Medicaid Directive: Use as needed to show payer adjustment.				
		ExternalCodeList				
		Name: 139				
CAS15	782	Description: Claim Adjustment Reason Code Monetary Amount	С	R	1/18	Used
		Description: Monetary amount Industry: Adjustment Amount				
		Nebraska Medicaid Directive: Use as needed to show payer adjustment.				
CAS16	380	Quantity Description: Numeric value of quantity	С	R	1/15	Used
		Industry: Adjustment Quantity				
		Nebraska Medicaid Directive: Use as needed to show payer adjustment.				
CAS17	1034	Claim Adjustment Reason Code Description: Code identifying the detailed reason the adjustment was made	С	ID	1/5	Used
		Industry: Adjustment Reason Code Nebraska Medicaid Directive: Use as needed to show payer adjustment.				
		ExternalCodeList				
		Name: 139				

Description: Claim Adjustment Reason Code

CAS18	782	Monetary Amount Description: Monetary amount Industry: Adjustment Amount Nebraska Medicaid Directive: Use as needed to show payer adjustment.	С	R	1/18	Used
CAS19	380	Quantity Description: Numeric value of quantity Industry: Adjustment Quantity Nebraska Medicaid Directive: Use as needed to show payer adjustment.	С	R	1/15	Used

Coordination of Benefits (COB) Payer Paid Amount

Loop: 2320

Elements: 2

User Option (Usage): Used

To indicate the total monetary amount

Ref	<u>ld</u>	Element Name	Req	<u>Type</u>	Min/Max	<u>Usage</u>
AMT01	522	Amount Qualifier Code Description: Code to qualify amount		ID	1/3	Required
		Code Name				
		D Payor Amount Paid				
AMT02	782	Monetary Amount Description: Monetary amount Industry: Payer Paid Amount Nebraska Medicaid Directive: This is a crosswalk from CLP04 in 835 when doing COB.	M	R	1/18	Required

Coordination of Benefits (COB) Approved Amount

Loop: 2320

Elements: 2

User Option (Usage): Used

To indicate the total monetary amount

<u>Ref</u>	<u>ld</u>	Element Name	<u>Req</u>	<u>Type</u>	Min/Max	<u>Usage</u>
AMT01	522	Amount Qualifier Code Description: Code to qualify amount		ID	1/3	Required
		CodeNameAAEApproved Amount				
AMT02	782	Monetary Amount Description: Monetary amount Industry: Approved Amount	M	R	1/18	Required

Coordination of Benefits (COB) Allowed Amount

Loop: 2320

Elements: 2

User Option (Usage): Used

To indicate the total monetary amount

<u>Ref</u>	<u>ld</u>	Element Name	<u>Req</u>	<u>Type</u>	Min/Max	<u>Usage</u>
AMT01	522	Amount Qualifier Code Description: Code to qualify amount		ID	1/3	Required
		CodeNameB6Allowed - Actual				
AMT02	782	Monetary Amount Description: Monetary amount Industry: Allowed Amount	M	R	1/18	Required

Coordination of Benefits (COB) Patient Responsibility Amount

Loop: 2320

Elements: 2

User Option (Usage): Used

To indicate the total monetary amount

	<u>Ref</u>	<u>ld</u>	Element N	Element Name		<u>Type</u>	Min/Max	<u>Usage</u>
AMT01		522	Amount Qualifier Code Description: Code to qualify amount		M	ID	1/3	Required
			<u>Code</u>	<u>Name</u>				
			F2	Patient Responsibility - Actual				
AMT02	AMT02	782	Monetary A	Amount n: Monetary amount	М	R	1/18	Required
			Industry: (Amount	Other Payer Patient Responsibility				
				Medicaid Directive: This is a crosswalk 5 in 835 when doing COB.				

Coordination of Benefits (COB) Covered Amount

Loop: 2320

Elements: 2

User Option (Usage): Used

To indicate the total monetary amount

Ref	<u>ld</u>	Element Name	Req	<u>Type</u>	Min/Max	<u>Usage</u>
AMT01	522	Amount Qualifier Code		ID	1/3	Required
		Description: Code to qualify amount				
		<u>Code</u> <u>Name</u>				
		AU Coverage Amount				
AMT02	782	Monetary Amount Description: Monetary amount	М	M R	1/18	Required
		Industry: Other Payer Covered Amount Nebraska Medicaid Directive: This is a crosswar from AMT in 835 (Loop CLP, position 062) when AMT01 = AU.	lk			

Coordination of Benefits (COB) Discount Amount

Loop: 2320

Elements: 2

User Option (Usage): Used

To indicate the total monetary amount

<u>Ref</u>	<u>ld</u>	Element Na	Element Name		<u>Type</u>	Min/Max	<u>Usage</u>
AMT01	522	Amount Qualifier Code Description: Code to qualify amount		М	ID	1/3	Required
		<u>Code</u>	<u>Name</u>				
		D8	Discount Amount				
AMT02	782	Monetary A	Amount n: Monetary amount	M R		1/18	Required
		_	Other Payer Discount Amount				
			Medicaid Directive: This is a crosswalk in 835 (Loop CLP, position 062) when				
		AMT01 = D	98.				

Coordination of Benefits (COB)Patient Paid Amount

Loop: 2320

Elements: 2

User Option (Usage): Used

To indicate the total monetary amount

<u>Ref</u>	<u>ld</u>	Element N	Element Name		<u>Type</u>	Min/Max	<u>Usage</u>
AMT01	522		ualifier Code n: Code to qualify amount	M	ID	1/3	Required
		Code	Name				
		F5	Patient Amount Paid				
AMT02	782	Monetary A	Amount n: Monetary amount	M R	1/18	Required	
		Nebraska l	Other Payer Patient Paid Amount Medicaid Directive: This is a crosswalk in 835 (Loop CLP, position 062) when 5.				

DMG Subscriber Demographic Information

Loop: 2320

Elements: 3

User Option (Usage): Used

To supply demographic information

Ref	<u>ld</u>	Element Nam	<u>e</u>	Req	<u>Type</u>	Min/Max	<u>Usage</u>
DMG01 1250		Description: (riod Format Qualifier Code indicating the date format, time and time format	С	ID	2/3	Required
		<u>Code</u>	<u>Name</u>				
		D8	Date Expressed in Format CCYYMMI	DD			
DMG02	1251	of dates, times	riod Expression of a date, a time, or range or dates and times er Insured Birth Date	С	AN	1/35	Required
DMG03 1068		individual	Code indicating the sex of the er Insured Gender Code	0	ID	1/1	Required
		Code	Name				
		F	Female				
		M	Male				
		U	Unknown				

Ol Other Insurance Coverage Information

Loop: 2320

Elements: 3

User Option (Usage): Used

To specify information associated with other health insurance coverage

<u>Ref</u> Ol03	<u>ld</u> 1073	Element Name Yes/No Condition or Response Code Description: Code indicating a Yes or No condition or response Industry: Benefits Assignment Certification Indicator Nebraska Medicaid Directive: This is a crosswalk from CLM08 when doing COB. Code Name N		<u>Type</u> ID	<u>Min/Max</u> 1/1	<u>Usage</u> Required
		Y Yes				
OI04	1351	Patient Signature Source Code Description: Code indicating how the patient or subscriber authorization signatures were obtained and how they are being retained by the provider Nebraska Medicaid Directive: Required except in cases where "N" is used in Ol06. This is a crosswalk from CLM10 when doing COB. All valid standard codes are used.	0	ID	1/1	Used
O106	1363	Release of Information Code Description: Code indicating whether the provider has on file a signed statement by the patient authorizing the release of medical data to other organizations Nebraska Medicaid Directive: This is a crosswalk from CLM09 when doing COB. All valid standard codes are used.	0	ID	1/1	Required

MOA

Medicare Outpatient Adjudication Information

Loop: 2320

Elements: 9

User Option (Usage): Used

To convey claim-level data related to the adjudication of Medicare claims not related to an inpatient setting

<u>Ref</u> MOA01	<u>ld</u> 954	Element Name Percent Description: Percentage expressed as a decimal Industry: Reimbursement Rate Nebraska Medicaid Directive: Required if returned in the electronic remittance advice (835).	Req O	<u>Type</u> R	<u>Min/Max</u> 1/10	<u>Usage</u> Used
MOA02	782	Monetary Amount Description: Monetary amount Industry: HCPCS Payable Amount Nebraska Medicaid Directive: Required if returned in the electronic remittance advice (835).	0	R	1/18	Used
MOA03	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: Remark Code Nebraska Medicaid Directive: Required if returned in the electronic remittance advice (835). ExternalCodeList Name: 411 Description: Remittance Remark Codes	0	AN	1/30	Used
MOA04	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: Remark Code Nebraska Medicaid Directive: Required if returned in the electronic remittance advice (835). ExternalCodeList Name: 411 Description: Remittance Remark Codes	0	AN	1/30	Used
MOA05	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: Remark Code Nebraska Medicaid Directive: Required if returned in the electronic remittance advice (835). ExternalCodeList Name: 411 Description: Remittance Remark Codes	0	AN	1/30	Used
MOA06	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: Remark Code Nebraska Medicaid Directive: Required if returned in the electronic remittance advice (835).	Ο	AN	1/30	Used

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MOA07 127	127	ExternalCodeList Name: 411 Description: Remittance Remark Codes Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the	0	AN	1/30	Used
		Reference Identification Qualifier Industry: Remark Code Nebraska Medicaid Directive: Required if returned in the electronic remittance advice (835).				
		ExternalCodeList Name: 411 Description: Remittance Remark Codes				
MOA08	782	Monetary Amount Description: Monetary amount Industry: End Stage Renal Disease Payment Amount	0	R	1/18	Used
		Nebraska Medicaid Directive: Required if returned in the electronic remittance advice (835).				
MOA09	782	Monetary Amount Description: Monetary amount Industry: Non-Payable Professional Component Billed Amount Nebraska Medicaid Directive: Required if returned in the electronic remittance advice (835).	0	R	1/18	Used

NM1 Other Subscriber Name

Loop: 2330A

Elements: 8

User Option (Usage): Required

To supply the full name of an individual or organizational entity

Ref NM101	<u>ld</u> 98	Element Name Entity Identifier Code Description: Code identifying an organizational	Req M	<u>Type</u> ID	<u>Min/Max</u> 2/3	<u>Usage</u> Required
NM102	1065	entity, a physical location, property or an individual Code Name IL Insured or Subscriber Entity Type Qualifier	М	ID	1/1	Required
NWTOZ	1003	Description: Code qualifying the type of entity Code Name Person Non-Person Entity	IVI	טו	1/1	Required
NM103	1035	Name Last or Organization Name Description: Individual last name or organizational name Industry: Other Insured Last Name	0	AN	1/35	Required
NM104	1036	Name First Description: Individual first name Industry: Other Insured First Name Nebraska Medicaid Directive: Required if NM102=1 (person).	0	AN	1/25	Used
NM105	1037	Name Middle Description: Individual middle name or initial Industry: Other Insured Middle Name Nebraska Medicaid Directive: Required if NM102=1 and the middle name/initial of the person is known.	0	AN	1/25	Used
NM107	1039	Name Suffix Description: Suffix to individual name Industry: Other Insured Name Suffix Nebraska Medicaid Directive: Required if known. Examples: I, II, III, IV, Jr, Sr	0	AN	1/10	Used
NM108	66	Identification Code Qualifier Description: Code designating the system/method of code structure used for Identification Code (67) Code MI Member Identification Number ZZ Mutually Defined	С	ID	1/2	Required
NM109	67	Identification Code Description: Code identifying a party or other code Industry: Other Insured Identifier	С	AN	2/80	Required

N3 Other Subscriber Address

Loop: 2330A

Elements: 2

User Option (Usage): Used

To specify the location of the named party

<u>Ref</u>	<u>ld</u>	Element Name	<u>Req</u>	<u>Type</u>	Min/Max	<u>Usage</u>
N301	166	Address Information Description: Address information	M	AN	1/55	Required
		Industry: Other Insured Address Line				
N302	166	Address Information Description: Address information	0	AN	1/55	Used
		Industry: Other Insured Address Line Nebraska Medicaid Directive: Required if a second address line exists.				

N4 Other Subscriber City/State/ZIP Code

Loop: 2330A

Elements: 4

User Option (Usage): Used

To specify the geographic place of the named party

Ref	<u>ld</u>	Element Name	Req	<u>Type</u>	Min/Max	<u>Usage</u>
N401	19	City Name Description: Free-form text for city name Industry: Other Insured City Name Nebraska Medicaid Directive: Required when information is available.	0	AN	2/30	Used
N402	156	State or Province Code Description: Code (Standard State/Province) as defined by appropriate government agency Industry: Other Insured State Code Nebraska Medicaid Directive: Required when information is available.	0	ID	2/2	Used
		ExternalCodeList Name: 22				
		Description: States and Outlying Areas of the U.S.				
N403	116	Postal Code Description: Code defining international postal zone code excluding punctuation and blanks (zip code for United States)	0	ID	3/15	Used
		Industry: Other Insured Postal Zone or ZIP Code Nebraska Medicaid Directive: Required when information is available.				
		ExternalCodeList				
		Name: 51				
N1404	00	Description: ZIP Code	0	ın	0.10	
N404	26	Country Code Description: Code identifying the country	0	ID	2/3	Used
		Nebraska Medicaid Directive: Required if the address is out of the U.S.				
		<u>ExternalCodeList</u>				
		Name: 5				
		Description: Countries, Currencies and Funds				

REF

Other Subscriber Secondary Identification

Loop: 2330A

Elements: 2

User Option (Usage): Used

To specify identifying information

<u>Ref</u>	<u>ld</u>	Element Na	<u>ame</u>	Req	<u>Type</u>	Min/Max	<u>Usage</u>
REF01	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification		M	ID	2/3	Required
		<u>Code</u>	<u>Name</u>				
		1W	Member Identification Number				
		23	Client Number				
		IG	Insurance Policy Number				
		SY	Social Security Number				
REF02	F02 127 Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier		С	AN	1/30	Required	
		Industry: (Other Insured Additional Identifier				

NM1 Other Payer Name

Loop: 2330B

Elements: 5

User Option (Usage): Required

To supply the full name of an individual or organizational entity

Element Summary:

Ref	<u>ld</u>	Element Name	Req	Type	Min/Max	<u>Usage</u>	
NM101	98	Entity Identifier Code Description: Code identifying an organizational	M	ID	2/3	Required	
		entity, a physical location, property or an individual					
		Code Name					
NM102	1065	PR Payer	N.4	ID	1 /1	Required	
INIVITUZ	1065	Entity Type Qualifier Description: Code qualifying the type of entity					
		<u>Code</u> <u>Name</u>					
		2 Non-Person Entity					
NM103	1035	Name Last or Organization Name	O AN	1/35	Required		
		Description: Individual last name or organizational name					
		Industry: Other Payer Last or Organization Name					
NM108	66	Identification Code Qualifier	С	ID	1/2	Required	
		Description: Code designating the system/method of code structure used for Identification Code (67)					
		Code Name					
		PI Payor Identification					
		XV Health Care Financing Administratio	n Nationa	l Payer Ide	entification Numb	er (PAYERID)	
NM109	67	Identification Code	С	AN	2/80	Required	
		Description: Code identifying a party or other code					
		Industry: Other Payer Primary Identifier					
		Nebraska Medicaid Directive: This number must					

Nebraska Medicaid Directive: This number must be identical to SVD01 (Loop ID-2430) for COB.

ExternalCodeList

Name: 540

Description: Health Care Financing Administration National PlanID

PER Other Payer Contact Information

Loop: 2330B

Elements: 8

User Option (Usage): Used

To identify a person or office to whom administrative communications should be directed

Ref	<u>ld</u>	Element Nam		Req	<u>Type</u>	Min/Max	<u>Usage</u>	
PER01	366	Contact Fund		M	ID	2/2	Required	
			Code identifying the major duty or of the person or group named					
		Code	Name					
		IC	Information Contact					
PER02	93	Name	mornation contact	0	AN	1/60	Required	
1 LINOZ	00		Free-form name	J	7 11 4	1700	rtoquilou	
			er Payer Contact Name					
PER03	365		ion Number Qualifier	С	ID	2/2	Required	
		Description: Code identifying the type of						
		communicatio						
		<u>Code</u>	Name					
		ED	Electronic Data Interchange Access	Number				
		EM	Electronic Mail					
		FX	Facsimile					
		TE	Telephone					
PER04	364	Communicati		C AN 1		1/80	Required	
		Description: Complete communications number including country or area code when applicable						
PER05	365	-	on Number Qualifier	С	ID	2/2	Used	
1 21100	000		Code identifying the type of	Ŭ		LIL	0004	
		communication number						
		Nebraska Medicaid Directive: Used at the discretion of the submitter.						
		<u>Code</u>	Name					
		ED	Electronic Data Interchange Access	Number				
		EM	Electronic Mail					
		EX	Telephone Extension					
		FX	Facsimile					
DEDAG	004	TE	Telephone	•	A A I	4/00		
PER06	364	Communicati	Complete communications number	С	; AN	1/80	Used	
			ntry or area code when applicable					
			dicaid Directive: Used at the					
		discretion of the	he submitter.					
PER07	365		on Number Qualifier	С	ID	2/2	Used	
		•	Code identifying the type of					
		communication number Nebraska Medicaid Directive: Used at the						
		discretion of the						
		Code	Name					
		ED	Electronic Data Interchange Access	Number				
		EM	Electronic Mail					
		EX	Telephone Extension					
		FX	Facsimile					
		TE	Telephone					

Used

PER08 364 Communication Number

Description: Complete communications number including country or area code when applicable Nebraska Medicaid Directive: Used at the discretion of the submitter.

С

ΑN

1/80

DTP Claim Adjudication Date

Loop: 2330B

Elements: 3

User Option (Usage): Used

To specify any or all of a date, a time, or a time period

Ref	<u>ld</u>	Element Name	Req	Type	Min/Max	<u>Usage</u>
DTP01 374		Date/Time Qualifier Description: Code specifying type of date or time, or both date and time Industry: Date Time Qualifier		ID	3/3	Required
		CodeName573Date Claim Paid				
DTP02 1250		Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format		ID	2/3	Required
		CodeNameD8Date Expressed in Format CCYYM	MDD			
DTP03	1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times Industry: Adjudication or Payment Date	M	AN	1/35	Required

REF Other Payer Secondary Identifier

Loop: 2330B

Elements: 2

User Option (Usage): Used

To specify identifying information

Element Summary:

<u>ld</u>	Element Name	2	Req	Type	Min/Max	<u>Usage</u>			
128	Reference Identification Qualifier Description: Code qualifying the Reference Identification		М	ID	2/3	Required			
	Code	<u>Name</u>							
	2U	Payer Identification Number							
	F8	Original Reference Number							
	FY	Claim Office Number							
	NF	NF National Association of Insurance Commissioners (NAIC) Code							
	TJ Federal Taxpayer's Identification Number								
127	Description: Reparticular Trans Reference Ider Industry: Othe Nebraska Med	Reference information as defined for a saction Set or as specified by the ntification Qualifier er Payer Secondary Identifier licaid Directive: The DA3-29.0	С	AN	1/30	Required			
	128	128 Reference Ide Description: O Identification Code 2U F8 FY NF TJ 127 Reference Ide Description: R particular Trans Reference Ider Industry: Othe Nebraska Med crosswalk is or	128 Reference Identification Qualifier Description: Code qualifying the Reference Identification Code Payer Identification Number F8 Original Reference Number FY Claim Office Number NF National Association of Insurance Cor TJ Federal Taxpayer's Identification Num 127 Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: Other Payer Secondary Identifier Nebraska Medicaid Directive: The DA3-29.0 crosswalk is only used in payer-to-payer COB	Reference Identification Qualifier Description: Code qualifying the Reference Identification Code Payer Identification Number F8 Original Reference Number FY Claim Office Number NF National Association of Insurance Commission TJ Federal Taxpayer's Identification Number Reference Identification C Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: Other Payer Secondary Identifier Nebraska Medicaid Directive: The DA3-29.0 crosswalk is only used in payer-to-payer COB	Reference Identification Qualifier Description: Code qualifying the Reference Identification Code Payer Identification Number F8 Original Reference Number FY Claim Office Number NF National Association of Insurance Commissioners (NAIC) TJ Federal Taxpayer's Identification Number Reference Identification C AN Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: Other Payer Secondary Identifier Nebraska Medicaid Directive: The DA3-29.0 crosswalk is only used in payer-to-payer COB	Reference Identification Qualifier Description: Code qualifying the Reference Identification Code Payer Identification Number F8 Original Reference Number FY Claim Office Number NF National Association of Insurance Commissioners (NAIC) Code TJ Federal Taxpayer's Identification Number Reference Identification C AN 1/30 Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: Other Payer Secondary Identifier Nebraska Medicaid Directive: The DA3-29.0 crosswalk is only used in payer-to-payer COB			

ExternalCodeList

Name: 245

Description: National Association of Insurance Commissioners (NAIC) Code

REF

Other Payer Claim Adjustment Indicator

Loop: 2330B

Elements: 2

User Option (Usage): Used

To specify identifying information

Ref	<u>ld</u>	Element Name			Type	Min/Max	<u>Usage</u>
REF01	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification		М	ID	2/3	Required
		<u>Code</u>	<u>Name</u>				
		T4	Signal Code				
REF02	127	particular Trans Reference Ider Industry: Othe Nebraska Med "Y" indicating to previously adju- of that adjudica in the 2010BB	Reference information as defined for a saction Set or as specified by the ntification Qualifier er Payer Claim Adjustment Indicator licaid Directive: Allowable values are that the payer in this loop has adicated this claim and sent a recordation to the destination payer identified loop. The claim being transmitted in the 2300 loop is a re-adjudicated	С	AN	1/30	Required

NM1 Other Payer Patient Information

Loop: 2330C

Elements: 4

User Option (Usage): Used

To supply the full name of an individual or organizational entity

Ref	<u>ld</u>	Element Name	Req	Type	Min/Max	<u>Usage</u>
NM101	98	Entity Identifier Code Description: Code identifying an organizational entity, a physical location, property or an individual Code QC Patient	M	ID	2/3	Required
NM102	1065	Entity Type Qualifier Description: Code qualifying the type of entity Code Name Person	M	ID	1/1	Required
NM108	66	Identification Code Qualifier Description: Code designating the system/method of code structure used for Identification Code (67) Code MI Member Identification Number	С	ID	1/2	Required
NM109	67	Identification Code Description: Code identifying a party or other code Industry: Other Payer Patient Primary Identifier	С	AN	2/80	Required

REF Other Payer Patient Identification

Loop: 2330C

Elements: 2

User Option (Usage): Used

To specify identifying information

Ref	<u>ld</u>	Element Nam	<u>e</u>	Req	<u>Type</u>	Min/Max	<u>Usage</u>
REF01	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification			ID	2/3	Required
		<u>Code</u>	<u>Name</u>				
		1W	Member Identification Number				
		23	Client Number				
		IG	Insurance Policy Number				
		SY	Social Security Number				
REF02	127	particular Tran Reference Ide	entification Reference information as defined for a assaction Set or as specified by the ntification Qualifier er Payer Patient Secondary Identifier	С	AN	1/30	Required

LX Service Line

Loop: 2400

Elements: 1

User Option (Usage): Required

To reference a line number in a transaction set

Element Summary:

<u>Ref</u>	<u>ld</u>	Element Name	Req	Type	Min/Max	<u>Usage</u>
LX01	554	Assigned Number	M	N0	1/6	Required
		Description: Number assigned for differentiation				

within a transaction set

Nebraska Medicaid Directive: The service line number incremented by 1 for each service line.

SV1 Professional Service

Loop: 2400

Elements: 10

User Option (Usage): Required

To specify the claim service detail for a Health Care professional

Ref	<u>ld</u>	Element Name	Req	Type	Min/Max	<u>Usage</u>				
SV101	C003	Composite Medical Procedure Identifier Description: To identify a medical procedure by its standardized codes and applicable modifiers	M	Comp		Required				
	235	Product/Service ID Qualifier Description: Code identifying the type/source of the descriptive number used in Product/Service ID (234) Industry: Product or Service ID Qualifier Nebraska Medicaid Directive: Use "HC" only.	M	ID	2/2	Required				
		CodeNameHCHealth Care Financing Administration Common Procedural Coding System (HCPCS) CodesIVHome Infusion EDI Coalition (HIEC) Product/Service Code								
		ZZ Mutually Defined								
	234	Product/Service ID Description: Identifying number for a product or service Industry: Procedure Code	М	AN	1/48	Required				
		Nebraska Medicaid Directive: See Web site for national code replacements of locally assigned procedure codes and modifiers at "www.hhs.state.ne.us/med/medindex.htm".								
		<u>ExternalCodeList</u>								
		Name: 130								
		Description: Health Care Financing Administration Common Procedural Coding System								
		ExternalCodeList								
		Name: 513								
	4000	Description: Home Infusion EDI Coalition (HIEC) Product/Service Code List								
	1339	Procedure Modifier Description: This identifies special circumstances related to the performance of the service, as defined by trading partners	0	AN	2/2	Used				
		Nebraska Medicaid Directive: Use this modifier for the first procedure code modifier. Required when a modifier clarifies/improves the reporting accuracy of the associated procedure								
		code.								
	1339	Procedure Modifier Description: This identifies special circumstances related to the performance of the service, as defined by trading partners	0	O AN	2/2	Used				
		Nebraska Medicaid Directive: Use this modifier for the second procedure code modifier. Required when a modifier clarifies/improves the reporting accuracy of the associated procedure code.								
	1339	Procedure Modifier Description: This identifies special circumstances related to the performance of the service, as defined	0	AN	2/2	Used				

		by trading partners Nebraska Medicaid Directive: Use this modifier for the third procedure code modifier. Required when a modifier clarifies/improves the reporting accuracy of the associated procedure code.				
	1339	Procedure Modifier Description: This identifies special circumstances related to the performance of the service, as defined by trading partners Nebraska Medicaid Directive: Use this modifier for the fourth procedure code modifier. Required when a modifier clarifies/improves the reporting accuracy of the associated procedure code.	0	AN	2/2	Used
SV102	782	Monetary Amount Description: Monetary amount Industry: Line Item Charge Amount Nebraska Medicaid Directive: For encounter transmissions, zero (0) may be a valid amount.	0	R	1/18	Required
SV103	355	Unit or Basis for Measurement Code Description: Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken Nebraska Medicaid Directive: FA0-50.0 is only used in Medicare COB payer-to-payer situations.	С	ID	2/2	Required
		CodeNameF2International UnitMJMinutesUNUnit				
SV104	380	Quantity Description: Numeric value of quantity Industry: Service Unit Count Nebraska Medicaid Directive: Note: If a decimal is needed to report units, include it in this element, e.g., "15.6".	С	R	1/15	Required
SV105	1331	Facility Code Value Description: Code identifying the type of facility where services were performed; the first and second positions of the Uniform Bill Type code or the Place of Service code from the Electronic Media Claims National Standard Format Industry: Place of Service Code Nebraska Medicaid Directive: Required if value is different than value carried in CLM05-1 in Loop ID-2300. Use this element for codes identifying a place of service from code source 237. As a courtesy, the codes are listed below, however, the code list is thought to be complete at the time of publication of this implementation guideline. Since this list is subject to change, only codes contained in the document available from code source 237 are to be supported in this transaction and take precedence over any and all codes listed here. 11 Office 12 Home 21 Inpatient Hospital 22 Outpatient Hospital 23 Emergency Room - Hospital 24 Ambulatory Surgical Center 25 Birthing Center	0	AN	1/2	Used

26 Military Treatment Facility
31 Skilled Nursing Facility
32 Nursing Facility
33 Custodial Care Facility
34 Hospice
41 Ambulance - Land
42 Ambulance - Air or Water
51 Inpatient Psychiatric Facility
52 Psychiatric Facility Partial Hospitalization
53 Community Mental Health Center
54 Intermediate Care Facility/Mentally Retarded
55 Residential Substance Abuse Treatment Facility
56 Psychiatric Residential Treatment Center
50 Federally Qualified Health Center
60 Mass Immunization Center
61 Comprehensive Inpatient Rehabilitation Facility
62 Comprehensive Outpatient Rehabilitation Facility
65 End Stage Renal Disease Treatment Facility
71 State or Local Public Health Clinic
72 Rural Health Clinic
81 Independent Laboratory
99 Other Unlisted Facility

ExternalCodeList

Name: 237

Description: Place of Service from Health Care Financing Administration Claim Form SV107 C004 **Composite Diagnosis Code Pointer** 0 Comp Used **Description:** To identify one or more diagnosis code pointers Nebraska Medicaid Directive: Required if HI segment in Loop ID-2300 is used. **Diagnosis Code Pointer** 1328 N0 1/2 Required M Description: A pointer to the claim diagnosis code in the order of importance to this service Nebraska Medicaid Directive: Use this pointer for the first diagnosis code pointer (primary diagnosis for this service line). Use remaining diagnosis pointers in declining level of importance to service line. Acceptable values are 1 through 8, inclusive. 1328 **Diagnosis Code Pointer** N0 1/2 0 Used Description: A pointer to the claim diagnosis code in the order of importance to this service Nebraska Medicaid Directive: Use this pointer for the second diagnosis code pointer. Required if the service relates to that specific diagnosis and is needed to substantiate the medical treatment. Acceptable values are 1 through 8, inclusive. 1328 **Diagnosis Code Pointer** 0 N0 1/2 Used **Description:** A pointer to the claim diagnosis code in the order of importance to this service Nebraska Medicaid Directive: Use this pointer for the third diagnosis code pointer. Required if the service relates to that specific diagnosis and is needed to substantiate the medical treatment. Acceptable values are 1 through 8, inclusive. **Diagnosis Code Pointer** 1328 0 N₀ 1/2 Used **Description:** A pointer to the claim diagnosis code in the order of importance to this service Nebraska Medicaid Directive: Use this pointer for the fourth diagnosis code pointer. Required if the service relates to that specific diagnosis and is needed to substantiate the medical

treatment. Acceptable values are 1 through 8,

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		inclusive.						
SV109 107	1073	Description: Code indicating a Yes or No condition or response Industry: <i>Emergency Indicator</i>		0	ID	1/1	Used	
		Nebraska Medicaid Directive: Required when the service is known to be an emergency by the provider. Emergency definition: The patient requires immediate medical intervention as a result of severe,						
		life threatening,	or potentially disabling					
		<u>Code</u> Y	<u>Name</u> Yes					
SV111	1073		ion or Response Cod ode indicating a Yes o		O ID	ID	1/1	Used
			DT Indicator icaid Directive: Requi e result of a screening					
		<u>Code</u> Y	Name Yes					
SV112	1073	Description: Cor response	ion or Response Cod ode indicating a Yes o		0	ID	1/1	Used
			ly Planning Indicator icaid Directive: Requi ledicaid claims.	ired if				
		<u>Code</u> Y	Name Yes					
SV115	1327		Code ode indicating whether ements were met on a		0	ID	1/1	Used
		Industry: Co-Pay Status Code Nebraska Medicaid Directive: Required if patient was exempt from co-pay.		ired if patient				
		<u>Code</u>	<u>Name</u>					
		0	Copay exempt					

CR1 Ambulance Transport Information

Loop: 2400

Elements: 8

User Option (Usage): Used

To supply information related to the ambulance service rendered to a patient

<u>Ref</u> CR101	<u>ld</u> 355	Element Name Unit or Basis for Measurement Code Description: Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken Nebraska Medicaid Directive: Required if CR102 is present.		<u>Type</u> ID	<u>Min/Max</u> 2/2	<u>Usage</u> Used
		<u>Code</u> <u>Name</u> LB Pound				
CR102	81	Weight Description: Numeric value of weight Industry: Patient Weight Nebraska Medicaid Directive: Required if it is necessary to justify the medical necessity of the level of ambulance services.	С	R	1/10	Used
CR103	1316	Ambulance Transport Code Description: Code indicating the type of ambulance transport All valid standard codes are used.	0	ID	1/1	Required
CR104	1317	Ambulance Transport Reason Code Description: Code indicating the reason for ambulance transport All valid standard codes are used.	0	ID	1/1	Required
CR105	355	Unit or Basis for Measurement Code Description: Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken Code Name DH Miles	С	ID	2/2	Required
CR106	380	Quantity Description: Numeric value of quantity Industry: Transport Distance Nebraska Medicaid Directive: NSF crosswalk to FA0-50.0 is used only in Medicare payer-to-payer COB situations.	С	R	1/15	Required
CR109	352	Description Description: A free-form description to clarify the related data elements and their content Industry: Round Trip Purpose Description Nebraska Medicaid Directive: Required if CR103 (Ambulance Transport Code) = "X - Round Trip"; otherwise not used.	0	AN	1/80	Used
CR110	352	Description Description: A free-form description to clarify the related data elements and their content Industry: Stretcher Purpose Description Nebraska Medicaid Directive: Required if needed	0	AN	1/80	Used

to justify usage of stretcher.

CR2 Spinal Manipulation Service Information

Loop: 2400

Elements: 4

User Option (Usage): Used

To supply information related to the chiropractic service rendered to a patient

Ref CR208	<u>ld</u> 1342	Element Name Nature of Con Description: (patient's condit	dition Code Code indicating the nature of a	Req O	<u>Type</u> ID	<u>Min/Max</u> 1/1	<u>Usage</u> Required
		Industry: Patient Condition Code All valid standard codes are used.					
CR210	352	related data ele Industry: Patie	A free-form description to clarify the ements and their content ent Condition Description licaid Directive: Used at discretion of	0	AN	1/80	Used
CR211	352	Description Description: A free-form description to clarify the related data elements and their content Industry: Patient Condition Description Nebraska Medicaid Directive: Used at discretion of submitter.		0	AN	1/80	Used
CR212	1073	Description: (or response Industry: X-ra Nebraska Med	tion or Response Code Code indicating a Yes or No condition y Availability Indicator licaid Directive: Required for service lanuary 1, 2000.	0	ID	1/1	Used
		Code N Y	No Yes				

CRC Ambulance Certification

Loop: 2400

Elements: 7

User Option (Usage): Used

To supply information on conditions

Element	Sullilli	aiy.								
<u>Ref</u>	<u>ld</u>	Element Na	<u>ime</u>	Req	Type	Min/Max	<u>Usage</u>			
CRC01	1136	Code Categ	gory	M	ID	2/2	Required			
		Description	: Specifies the situation or category to							
		which the co	ode applies							
		<u>Code</u>	<u>Name</u>							
		07	Ambulance Certification							
CRC02	1073	Yes/No Cor	ndition or Response Code	M	ID	1/1	Required			
		=	: Code indicating a Yes or No condition							
		or response								
			ertification Condition Indicator							
		<u>Code</u>	<u>Name</u>							
		N	No							
00000	4004	Y	Yes			0.10				
CRC03	1321	Condition I		M	ID	2/2	Required			
		_	a: Code indicating a condition code							
		_	Medicaid Directive: The codes for							
			can be used for CRC04 through							
		CRC07.	<u> </u>							
		<u>Code</u>	<u>Name</u>							
		01	Patient was admitted to a hospital							
		02	Patient was bed confined before the	ambuland	e service					
		03	Patient was bed confined after the ar	nbulance	service					
		04	Patient was moved by stretcher							
		05	Patient was unconscious or in shock							
		06	Patient was transported in an emergency situation							
		07	Patient had to be physically restraine	d						
		08	Patient had visible hemorrhaging							
		09	Ambulance service was medically ne	cessary						
		60	Transportation Was To the Nearest F	acility						
CRC04	1321	Condition I	ndicator	Ó	ID	2/2	Used			
		Description	: Code indicating a condition							
			ondition Code							
			Medicaid Directive: Required if ondition codes are needed.							
			les listed in CRC03.							
		Code	Name							
		01	Patient was admitted to a hospital							
		02	Patient was bed confined before the	amhuland	e service					
		03	Patient was bed confined after the ar							
		04	Patient was moved by stretcher		20.7.00					
		05	Patient was unconscious or in shock							
		06	Patient was transported in an emerge	ency situs	ation					
		07	Patient had to be physically restraine	-						
		08	Patient had visible hemorrhaging	~						
		09	Ambulance service was medically ne	Cessarv						
		UÐ	Ambulance service was medically ne	o c osai y						

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		60	Transportation Was To the Nearest I	Facility						
CRC05	1321	Condition Ind	icator	0	ID	2/2	Used			
			Code indicating a condition							
		Industry: Con								
			dicaid Directive: Required if dition codes are needed.							
			listed in CRC03.							
		Code	<u>Name</u>							
		01	Patient was admitted to a hospital							
		02	Patient was bed confined before the	ambulance	service					
		03	Patient was bed confined after the a	mbulance se	ervice					
		04	Patient was moved by stretcher							
		05	Patient was unconscious or in shock	k						
		06	Patient was transported in an emerg	ency situation	on					
		07	Patient had to be physically restrained	ed						
		80	Patient had visible hemorrhaging							
		09	Ambulance service was medically ne	ecessary						
		60	Transportation Was To the Nearest I	Facility						
CRC06	1321	Condition Ind		0	ID	2/2	Used			
		_	Code indicating a condition							
		Industry: Con	dition Code dicaid Directive: Required if							
			dition codes are needed.							
			listed in CRC03.							
		Code	<u>Name</u>							
		01	Patient was admitted to a hospital							
		02	Patient was bed confined before the	ambulance	service					
		03	Patient was bed confined after the a	mbulance se	ervice					
		04	Patient was moved by stretcher							
		05	Patient was unconscious or in shock							
		06	Patient was transported in an emerg	ency situation	on					
		07	Patient had to be physically restrained	ed						
		80	Patient had visible hemorrhaging							
		09	Ambulance service was medically ne	ecessary						
		60	Transportation Was To the Nearest I	Facility						
CRC07	1321	Condition Ind		0	ID	2/2	Used			
		-	Code indicating a condition							
		Industry: Con	dition Code dicaid Directive: Required if							
			dition codes are needed.							
			listed in CRC03.							
		Code	Name							
		01	Patient was admitted to a hospital							
		02	Patient was bed confined before the	ambulance	service					
		03	Patient was bed confined after the ar	mbulance se	ervice					
		04	Patient was moved by stretcher							
		05	Patient was unconscious or in shock							
		06	Patient was transported in an emerg	ency situation	on					
		07	Patient had to be physically restrained	•						
		08	Patient had visible hemorrhaging							
		09	Ambulance service was medically ne	ecessary						
		60	Transportation Was To the Nearest I	Facility						

DTP Date - Service Date

Loop: 2400

Elements: 3

User Option (Usage): Required

To specify any or all of a date, a time, or a time period

<u>Ref</u>	<u>ld</u>	Element Nar	<u>ne</u>	Req	<u>Type</u>	Min/Max	<u>Usage</u>
DTP01	374	Date/Time Q	ualifier	M	ID	3/3	Required
		-	Code specifying type of date or time,				
		or both date					
		Industry: Da	te Time Qualifier				
		<u>Code</u>	<u>Name</u>				
		472	Service				
DTP02	1250	Date Time P	eriod Format Qualifier	M	ID	2/3	Required
		•	Code indicating the date format, time				
		format, or da	te and time format				
		<u>Code</u>	<u>Name</u>				
		D8	Date Expressed in Format CCYYMM	DD			
		RD8	Range of Dates Expressed in Format	t CCYYM	MDD-CCY	YMMDD	
DTP03	1251	Date Time P	eriod	М	AN	1/35	Required
		Description:	Expression of a date, a time, or range				
		,	es or dates and times				
		Industry: Se	rvice Date				

DTP Date - Last X-ray

Loop: 2400

Elements: 3

User Option (Usage): Used

To specify any or all of a date, a time, or a time period

Ref	<u>ld</u>	Element Name	Req	Type	Min/Max	<u>Usage</u>
DTP01	374	Date/Time Qualifier Description: Code specifying type of date or time, or both date and time Industry: Date Time Qualifier		ID	3/3	Required
		CodeName455Last X-Ray				
DTP02	1250	Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format	M	ID	2/3	Required
		CodeNameD8Date Expressed in Format CCYYM	IMDD			
DTP03	1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times Industry: Last X-Ray Date	M	AN	1/35	Required

DTP Date - Acute Manifestation

Loop: 2400

Elements: 3

User Option (Usage): Used

To specify any or all of a date, a time, or a time period

<u>Ref</u>	<u>ld</u>	Element Name	Req	Type	Min/Max	<u>Usage</u>
DTP01	374	Date/Time Qualifier Description: Code specifying type of date or time, or both date and time Industry: Date Time Qualifier	M	ID	3/3	Required
		CodeName453Acute Manifestation of a Chronic C	ondition			
DTP02	1250	Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format	M	ID	2/3	Required
		CodeNameD8Date Expressed in Format CCYYN	IMDD			
DTP03	1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times Industry: Acute Manifestation Date	M	AN	1/35	Required

DTP Date - Initial Treatment

Loop: 2400

Elements: 3

User Option (Usage): Used

To specify any or all of a date, a time, or a time period

Nebraska Medicaid Directive:

Required by NE Medicaid when applicable as specified in the Implementation Guide. Do NOT use for Chiropractic Spinal Manipulation. Use Loop ID -2300 - DTP - Date - Initial Treatment to report Chiropractic Spinal Manipulation.

Ref	<u>ld</u>	Element Name	Req	Type	Min/Max	<u>Usage</u>
DTP01	374	Date/Time Qualifier Description: Code specifying type of date or time, or both date and time Industry: Date Time Qualifier		ID	3/3	Required
		CodeName454Initial Treatment				
DTP02	1250	Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format	M	ID	2/3	Required
		<u>Code</u> <u>Name</u>				
		D8 Date Expressed in Format CCYYMN	MDD			
DTP03	1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times Industry: Initial Treatment Date	M	AN	1/35	Required

DTP Date - Similar Illness/Symptom Onset

Loop: 2400

Elements: 3

User Option (Usage): Used

To specify any or all of a date, a time, or a time period

Ref	<u>ld</u>	Element Name	Req	Type	Min/Max	<u>Usage</u>
DTP01	374	Date/Time Qualifier Description: Code specifying type of date or time, or both date and time Industry: Date Time Qualifier		ID	3/3	Required
DTP02	1250	Code Name 438 Onset of Similar Symptoms or Illnes Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format	s M	ID	2/3	Required
		CodeNameD8Date Expressed in Format CCYYMN	MDD			
DTP03	1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times Industry: Similar Illness or Symptom Date	M	AN	1/35	Required

REF Prior Authorization or Referral Number

Loop: 2400

Elements: 2

User Option (Usage): Used

To specify identifying information

<u>Ref</u>	<u>ld</u>	Element Na	<u>ame</u>	Req	<u>Type</u>	Min/Max	<u>Usage</u>
REF01	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification		M	ID	2/3	Required
		<u>Code</u>	<u>Name</u>				
		9F	Referral Number				
		G1	Prior Authorization Number				
REF02	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: Prior Authorization or Referral Number		С	AN	1/30	Required

REF Line Item Control Number

Loop: 2400

Elements: 2

User Option (Usage): Used

To specify identifying information

<u>Ref</u>	<u>ld</u>	Element Na	<u>ame</u>	<u>Req</u>	<u>Type</u>	Min/Max	<u>Usage</u>
REF01	128		Identification Qualifier 1: Code qualifying the Reference n	M	ID	2/3	Required
		<u>Code</u>	<u>Name</u>				
		6R	Provider Control Number				
REF02	127	Description particular To Reference I	Identification n: Reference information as defined for a ransaction Set or as specified by the dentification Qualifier ine Item Control Number	С	AN	1/30	Required

REF

Clinical Laboratory Improvement Amendment (CLIA) Identification

Loop: 2400

Elements: 2

User Option (Usage): Used

To specify identifying information

Ref	<u>ld</u>	Element Name	Req	Type	Min/Max	<u>Usage</u>
REF01			M	ID	2/3	Required
		<u>Code</u> <u>Name</u>				
		X4 Clinical Laboratory Improvement Ame	endment l	Number		
REF02	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: Clinical Laboratory Improvement Amendment Number	С	AN	1/30	Required

REF

Referring Clinical Laboratory Improvement Amendment (CLIA) Facility Identification

Loop: 2400

Elements: 2

User Option (Usage): Used

To specify identifying information

Ref	<u>ld</u>	Element Name		<u>Type</u>	Min/Max	<u>Usage</u>
REF01	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification Code Name F4 Facility Certification Number	M	ĪD	2/3	Required
REF02	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: Referring CLIA Number	С	AN	1/30	Required

REF Oxygen Flow Rate

Loop: 2400

Elements: 2

User Option (Usage): Used

To specify identifying information

<u>Ref</u>	<u>ld</u>	Element Name	Req	<u>Type</u>	Min/Max	<u>Usage</u>
REF01	EF01 128 Reference Identification Qualifier Description: Code qualifying the Reference Identification		M	ID	2/3	Required
		Code Name TP Test Specification Number				
REF02	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: Oxygen Flow Rate Nebraska Medicaid Directive: Valid values are 1 - 999 liters per minute and X for less than 1 liter per minute.	С	AN	1/30	Required

AMT Approved Amount

Loop: 2400

Elements: 2

User Option (Usage): Used

To indicate the total monetary amount

	<u>Ref</u>	<u>ld</u>	Element Na	<u>ame</u>	<u>Req</u>	<u>Type</u>	Min/Max	<u>Usage</u>
AMT01		522	Amount Qualifier Code Description: Code to qualify amount		M	ID	1/3	Required
			<u>Code</u>	<u>Name</u>				
			AAE	Approved Amount				
AMT02	782	Monetary A Description	amount n: Monetary amount	М	R	1/18	Required	
			Industry: A	pproved Amount				

NTE Line Note

Loop: 2400

Elements: 2

User Option (Usage): Used

To transmit information in a free-form format, if necessary, for comment or special instruction

Ref	<u>ld</u>	Element Na	<u>me</u>	Req	Type	Min/Max	<u>Usage</u>
NTE01	363	•	: Code identifying the functional area or	0	ID	3/3	Required
		• •	which the note applies				
		<u>Code</u>	<u>Name</u>				
		ADD	Additional Information				
		DCP	Goals, Rehabilitation Potential, or Dis	scharge F	Plans		
		PMT	Payment				
		TPO	Third Party Organization Notes				
NTE02	352	•	: A free-form description to clarify the elements and their content	М	AN	1/80	Required

PS1 Purchased Service Information

Loop: 2400

Elements: 2

User Option (Usage): Used

To specify the information about services that are purchased

<u>Ref</u>	<u>ld</u>	Element Name	Req	<u>Type</u>	Min/Max	<u>Usage</u>
PS101	127	Reference Identification	M	AN	1/30	Required
		Description: Reference information as defined for a				
		particular Transaction Set or as specified by the				
		Reference Identification Qualifier				
		Industry: Purchased Service Provider Identifier				
PS102	782	Monetary Amount	M R		1/18	Required
		Description: Monetary amount				•
		Industry: Purchased Service Charge Amount				

LIN Drug Identification

Loop: 2410

Elements: 2

User Option (Usage): Used

To specify basic item identification data

Element Summary:

Ref	<u>ld</u>	Element Name		Req	Type	Min/Max	<u>Usage</u>
LIN02	235	Product/Service ID Qual		M	ID	2/2	Required
		Description: Code identifying the type/source of the descriptive number used in Product/Service ID (234) Industry: <i>Product or Service ID Qualifier</i>					
		Code Name					
		N4 National	Drug Code in 5-4-2 Format				
LIN03	234	Product/Service ID Description: Identifying n service	umber for a product or	M AN 1/48			Required
		Industry: National Drug Code					
		ExternalCodeList					
		Name: 240					
		B 14 M (15	0 1 1 5 4				

Description: National Drug Code by Format

CTP Drug Pricing

Loop: 2410

Elements: 3

User Option (Usage): Used

To specify pricing information

Ref	<u>ld</u>	Element Nam	<u>e</u>	Req	Type	Min/Max	<u>Usage</u>
CTP03	212	Unit Price Description: F commodity, etc Industry: Drug		Х	R	1/17	Required
CTP04	380		Numeric value of quantity on all of the count of the coun	Χ	R	1/15	Required
CTP05	C001	Description: measure(See	nit of Measure To identify a composite unit of Figures Appendix for examples of use) or Basis of Measurement	Х	Comp		Required
	355	Unit or Basis for Measurement Code Description: Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken		M	ID	2/2	Required
		<u>Code</u>	<u>Name</u>				
		F2	International Unit				
		GR	Gram				
		ML	Milliliter				
		UN	Unit				

SVD

Line Adjudication Information

Loop: 2430

Elements: 5

User Option (Usage): Used

To convey service line adjudication information for coordination of benefits between the initial payers of a health care claim and all subsequent payers

FI	em	ent	Sı	ım	ma	rv-
_	UIII	CIIL	-	4111	ıııa	ı v .

<u>Ref</u> SVD01	<u>ld</u> 67	Element Name Identification Code Description: Code identifying a party or other code Industry: Other Payer Primary Identifier Nebraska Medicaid Directive: This number should match NM109 in Loop ID-2330B identifying Other Payer.	<u>Req</u> M	<u>Type</u> AN	<u>Min/Max</u> 2/80	<u>Usage</u> Required			
SVD02	782	Monetary Amount Description: Monetary amount Industry: Service Line Paid Amount Nebraska Medicaid Directive: Zero "0" is an acceptable value for this element. The FA0-52.0 NSF crosswalk is only used in payer- to-payer COB situations.	M	R	1/18	Required			
SVD03	C003	Composite Medical Procedure Identifier Description: To identify a medical procedure by its standardized codes and applicable modifiers Nebraska Medicaid Directive: This element contains the procedure code that was used to pay this service line. It crosswalks from SVC01 in the 835 transmission.	Ο	Comp		Required			
	235	Product/Service ID Qualifier Description: Code identifying the type/source of the descriptive number used in Product/Service ID (234) Industry: Product or Service ID Qualifier Nebraska Medicaid Directive: The NDC number is used for reporting prescribed drugs and biologics when required by government regulation, or as deemed by the provider to enhance claim reporting/adjudication processes. The NDC number is reported in the LIN segment of Loop ID-2410 only.	M	ID	2/2	Required			
		Code Name HC Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes IV Home Infusion EDI Coalition (HIEC) Product/Service Code ZZ Mutually Defined							
	234	Product/Service ID Description: Identifying number for a product or service Industry: Procedure Code ExternalCodeList Name: 130 Description: Health Care Financing Administration Context ExternalCodeList Name: 513 Description: Home Infusion EDI Coalition (HIEC) Product of the context of the				Required			
	1339	Procedure Modifier	0	AN	2/2	Used			

	Description: This identifies special circumstances related to the performance of the service, as defined by trading partners Nebraska Medicaid Directive: Use this modifier for the first procedure code modifier. Required when a modifier clarifies/improves the reporting accuracy of the associated procedure code.				
1339	Procedure Modifier Description: This identifies special circumstances related to the performance of the service, as defined by trading partners Nebraska Medicaid Directive: Use this modifier for the second procedure code modifier. Required when a modifier clarifies/improves the reporting accuracy of the associated procedure code.	0	AN	2/2	Used
1339	Procedure Modifier Description: This identifies special circumstances related to the performance of the service, as defined by trading partners Nebraska Medicaid Directive: Use this modifier for the third procedure code modifier. Required when a modifier clarifies/improves the reporting accuracy of the associated procedure code.	0	AN	2/2	Used
1339	Procedure Modifier Description: This identifies special circumstances related to the performance of the service, as defined by trading partners Nebraska Medicaid Directive: Use this modifier for the fourth procedure code modifier. Required when a modifier clarifies/improves the reporting accuracy of the associated procedure code.	0	AN	2/2	Used
352	Description Description: A free-form description to clarify the related data elements and their content Industry: Procedure Code Description Nebraska Medicaid Directive: Required if SVC01-7 was returned in the 835 transaction.	0	AN	1/80	Used
380	Quantity Description: Numeric value of quantity Industry: Paid Service Unit Count Nebraska Medicaid Directive: Crosswalk from SVC05 in 835 or, if not present in 835, use original billed units.	O	R	1/15	Required
554	Assigned Number Description: Number assigned for differentiation within a transaction set Industry: Bundled Line Number Nebraska Medicaid Directive: Use the LX from this transaction which points to the bundled line. Required if payer bundled this service line.	Ο	N0	1/6	Used

SVD05

SVD06

Line Adjustment CAS

Loop: 2430

Elements: 19

User Option (Usage): Used

To supply adjustment reason codes and amounts as needed for an entire claim or for a particular service within the claim being paid

<u>Ref</u>	<u>ld</u>	Element Name	Req	Type	Min/Max	Usage
CAS01	1033	Claim Adjustment Group Code Description: Code identifying the general category of payment adjustment	M	ID	1/2	Required
		Code Name				
		CO Contractual Obligations				
		CR Correction and Reversals				
		OA Other adjustments				
		PI Payor Initiated Reductions				
		PR Patient Responsibility				
CAS02	1034	Claim Adjustment Reason Code Description: Code identifying the detailed reason the adjustment was made Industry: Adjustment Reason Code	M	ID	1/5	Required
		Nebraska Medicaid Directive: Use the Claim Adjustment Reason Code list (See Appendix C).				
		ExternalCodeList Name: 139				
		Description: Claim Adjustment Reason Code				
CAS03	782	Monetary Amount Description: Monetary amount	М	R	1/18	Required
		Industry: Adjustment Amount Nebraska Medicaid Directive: Use this amount for the adjustment amount.				
CAS04	380	Quantity Description: Numeric value of quantity	0	R	1/15	Used
		Industry: Adjustment Quantity Nebraska Medicaid Directive: Use this quantity for	r			
		the units of service being adjusted. Use as needed to show payer adjustment.				
CAS05	1034	Claim Adjustment Reason Code Description: Code identifying the detailed reason the adjustment was made	С	ID	1/5	Used
		Industry: Adjustment Reason Code Nebraska Medicaid Directive: Use as needed to				
		show payer adjustment. Use the Claim Adjustment Reason Code list (See Appendix C).				
		ExternalCodeList				
		Name: 139				
		Description: Claim Adjustment Reason Code				
CAS06	782	Monetary Amount Description: Monetary amount	С	R	1/18	Used
		Industry: Adjustment Amount Nebraska Medicaid Directive: Use this amount for the adjustment amount. Use as needed to show payer adjustment.				
CAS07	380	Quantity	С	R	1/15	Used
L.L. 04 0000	00404044	Warratan 4.04				Nielenseles NA - 1

CAS08	1034	Description: Numeric value of quantity Industry: Adjustment Quantity Nebraska Medicaid Directive: Use this quantity for the units of service being adjusted. Use as needed to show payer adjustment. Claim Adjustment Reason Code Description: Code identifying the detailed reason	С	ID	1/5	Used
		Industry: Adjustment Reason Code Nebraska Medicaid Directive: Use as needed to show payer adjustment. Use the Claim Adjustment Reason Code list (See Appendix C). ExternalCodeList				
		Name: 139				
CAS09	782	Monetary Amount Description: Claim Adjustment Reason Code Monetary Amount Description: Monetary amount Industry: Adjustment Amount Nebraska Medicaid Directive: Use this amount for	С	R	1/18	Used
		the adjustment amount. Use as needed to show payer adjustment.				
CAS10	380	Quantity Description: Numeric value of quantity	С	R	1/15	Used
		Industry: Adjustment Quantity Nebraska Medicaid Directive: Use this quantity for the units of service being adjusted. Use as needed to show payer adjustment.				
CAS11	1034	Claim Adjustment Reason Code Description: Code identifying the detailed reason the adjustment was made Industry: Adjustment Reason Code Nebraska Medicaid Directive: Use as needed to show payer adjustment. Use the Claim Adjustment Reason Code list (See Appendix C).	С	ID	1/5	Used
		<u>ExternalCodeList</u>				
		Name: 139				
04040	700	Description: Claim Adjustment Reason Code	•		4/40	
CAS12	782	Monetary Amount Description: Monetary amount Industry: Adjustment Amount Nebraska Medicaid Directive: Use this amount for	С	R	1/18	Used
		the adjustment amount. Use as needed to show payer adjustment.				
CAS13	380	Quantity Description: Numeric value of quantity Industry: Adjustment Quantity Nebraska Medicaid Directive: Use this quantity for the units of service being adjusted. Use as needed to show payer adjustment.	С	R	1/15	Used
CAS14	1034	Claim Adjustment Reason Code Description: Code identifying the detailed reason the adjustment was made	С	ID	1/5	Used
		Industry: Adjustment Reason Code Nebraska Medicaid Directive: Use as needed to show payer adjustment. Use the Claim Adjustment Reason Code list (See Appendix C).				
		ExternalCodeList Name: 139				
		Description: Claim Adjustment Reason Code				

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CAS15	782	Monetary Amount Description: Monetary amount Industry: Adjustment Amount Nebraska Medicaid Directive: Use this amount for the adjustment amount. Use as needed to show payer adjustment.	С	R	1/18	Used
CAS16	380	Quantity Description: Numeric value of quantity Industry: Adjustment Quantity Nebraska Medicaid Directive: Use this quantity for the units of service being adjusted. Use as needed to show payer adjustment.	С	R	1/15	Used
CAS17	1034	Claim Adjustment Reason Code Description: Code identifying the detailed reason the adjustment was made Industry: Adjustment Reason Code Nebraska Medicaid Directive: Use as needed to show payer adjustment. Use the Claim Adjustment Reason Code list (See Appendix C). ExternalCodeList Name: 139 Description: Claim Adjustment Reason Code	С	ID	1/5	Used
CAS18	782	Monetary Amount Description: Monetary amount Industry: Adjustment Amount Nebraska Medicaid Directive: Use this amount for the adjustment amount. Use as needed to show payer adjustment.	С	R	1/18	Used
CAS19	380	Quantity Description: Numeric value of quantity Industry: Adjustment Quantity Nebraska Medicaid Directive: Use this quantity for the units of service being adjusted. Use as needed to show payer adjustment.	С	R	1/15	Used

DTP Line Adjudication Date

Loop: 2430

Elements: 3

User Option (Usage): Required

To specify any or all of a date, a time, or a time period

<u>Ref</u>	<u>ld</u>	Element Name	Req	Type	Min/Max	<u>Usage</u>
DTP01	374	Date/Time Qualifier Description: Code specifying type of date or time, or both date and time Industry: Date Time Qualifier		ID	3/3	Required
		CodeName573Date Claim Paid				
DTP02	1250	Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format	М	ID	2/3	Required
		CodeNameD8Date Expressed in Format CCYYM	IMDD			
DTP03	1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times Industry: Adjudication or Payment Date	M	AN	1/35	Required

SE Transaction Set Trailer

Loop: N/A

Elements: 2

User Option (Usage): Required

To indicate the end of the transaction set and provide the count of the transmitted segments (including the beginning (ST) and ending (SE) segments)

Ref	<u>ld</u>	Element Name	Req	Type	Min/Max	<u>Usage</u>
SE01	96	Number of Included Segments Description: Total number of segments included in a transaction set including ST and SE segments Industry: Transaction Segment Count	M	N0	1/10	Required
SE02	329	Transaction Set Control Number Description: Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set Industry: The Transaction Set Control Numbers in ST02 and SE02 must be identical. The Transaction Set Control Number is assigned by the originator and must be unique within a functional group (GS-GE) and interchange (ISA-IEA). This unique number also aids in error resolution research.	M	AN	4/9	Required

GE Functional Group Trailer

Loop: N/A

Elements: 2

User Option (Usage): Required

To indicate the end of a functional group and to provide control information

Ref	<u>ld</u>	Element Name	Req	<u>Type</u>	Min/Max	<u>Usage</u>
GE01	97	Number of Transaction Sets Included Description: Total number of transaction sets included in the functional group or interchange (transmission) group terminated by the trailer containing this data element	M	N0	1/6	Required
GE02	28	Group Control Number Description: Assigned number originated and maintained by the sender	М	N0	1/9	Required

IEA

Interchange Control Trailer

Loop: N/A

Elements: 2

User Option (Usage): Required

To define the end of an interchange of zero or more functional groups and interchange-related control segments

Ref	<u>ld</u>	Element Name	Req	Type	Min/Max	<u>Usage</u>
IEA01	I16	Number of Included Functional Groups Description: A count of the number of functional groups included in an interchange	М	N0	1/5	Required
IEA02	l12	Interchange Control Number Description: A control number assigned by the interchange sender	М	N0	9/9	Required